

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

002844

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

JUL 20 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # P96000074331**

1. Corporation Name  
**INTRACOASTAL MOTORCYCLES, INC.**

Principal Place of Business  
**118 E FAIRVIEW AVE  
DAYTONA BEACH FL 32114  
US**

Mailing Address  
**118 E FAIRVIEW AVE  
DAYTONA BEACH FL 3214  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 [ ] Suite, Apt. #, etc.  
22 [ ] City & State  
23 [ ] Zip [25] Country

2a. Mailing Address  
26 [ ] Suite, Apt. #, etc.  
27 [ ] City & State  
28 [ ] Zip [30] Country

3. Date Incorporated or Qualified  
**09/06/1996**

4. FEI Number  
**59-3398236**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax  Yes  No

9. Name and Address of Current Registered Agent  
**WIDNALL, DOUGLAS S JR  
7 SHAWNEE TRAIL  
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P. O. Box Number is Not Acceptable)  
83 [ ]  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WIDNALL, DARLA</b>	1.2 NAME
STREET ADDRESS	<b>7 SHAWNEE TR</b>	1.3 STREET ADDRESS
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	1.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

**500002948235--8**  
**-08/03/99--01003--005**  
**\*\*\*\*150.00 \*\*\*\*150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER'S OFFICER OR DIRECTOR

6/30/99  
Date

904-257-2269  
Daytime Phone #

CR2E034 (11/98)

To whom it may concern:

Please waive the penalty  
as the bookkeeper was ill  
and we had no idea the  
fee was due.

Thank you,

Dan S. Widal  
President  
Intracoastal Motorcycles