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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY - ST - 2IP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000077342 (9)

INTERCOASTAL REALTY SERVICES, INC.

1990 SUITE A HWY 87 NAVARRE FL 32566		1990 SUITE A HWY 87 NAVARRE FL 32568				
					3. Date Incorporated or Qualified 09/17/1996	3a. Date of Last Report
2. Principal Place of Business 2a. Mailing		2a. Mailing Address	ng Address		4. FEI Number	Applied For
1		26		59-3405140	Not Applicab	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution		
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for i	
24	25	29	30			Yes No
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Re	gistered Agent
	Kalmers, James R			81 Name		
1990 SUITE A HWY 87				82 Street Address (P.O. Box Number is Not Acceptable)		
NAVARRE FL 32566				83		
•				53		
				84 City		FL 85 Zip Codo
office or	it to the provisions of Sections 607.056 r registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such chance was	authorized	I by the coroora	poration submits this statement for the patien's board of directors. I hereby acception's	ourpose of changing its registered of the appointment as registered
SIGNATURE						F.A.P.
12.	Signature, typed or printed name of registured ag		13.	Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12
TITLE	OFFICERS AND DIRECTORS DELETE			LF T	ADDITIONAJOHANGEO TO OTT TO	Change Additi
NAME	President		1.2 NA			
STREET ADDRESS	James R. Chairn	43	1351	REET ADDRESS		
CITY-ST-ZIP	" 1887 Bahuma St	NEVERTE F1.32	1401	Y-\$1-ZIP		
TITLE	1			LE		☐ Change ☐ Additi
NAME		-	2.2 NA	ME		
STREET ADDRESS	s			REET ADDRESS		
CITY-ST-ZIP	1			1Y - S1 - ZIP		•
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NAME			3.2 NA	ME		
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CITY-ST-ZIP			3 4. Ci	TY-ST-ZIP		
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NAME	.1		4. 2 N	AME		
STREET ADDRESS	s		4 3 ST	REET ADDRESS		
0171 AT 717	1		240	מול זיי עו		

14. I do 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 opporation 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.

5.1 TITLE 5.2 NAME

B.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

DELETE

DELETE

James R. Chalmers

And the same

Change

Change

Addition

Addition

FILED

Jun 17 1997 8:00am

Secretary of State