

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P97000001331** ✓
Corporation Name

FLORIDA EAST COAST, CORP.

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90011 069 ***550.00
04-25-1999 90011 070 ***150.00
07-08-1999 90016 027 ***150.00



Principal Place of Business
36 N.W. 29TH TERRACE, BUILDING 13
OAKLAND PARK FL 33311

Mailing Address
2736 N.W. 29TH TERRACE, BUILDING 13
OAKLAND PARK FL 33311

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1996	
Suite, Apt. #, etc.		26		4. FEI Number 112671841 65-0776916	
City & State		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		29		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SCHILLINGER, LEE H 4601 SHERIDAN STREET SUITE 202 HOLLYWOOD FL 33021				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code FL	

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.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T-ADDRESS	PST SCHORR, SHELDON 22 RED GROUND ROAD OLD WESTBURY NY 11568	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T-ZIP	V SCHORR, MONA 22 RED GROUND ROAD OLD WESTBURY NY 11568	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
T-ADDRESS		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T-ZIP		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
T-ADDRESS		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T-ZIP		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
T-ADDRESS		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T-ZIP		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
T-ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T-ZIP		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
T-ADDRESS		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T-ZIP		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/99 954 730 8700
Date Daytime Phone #

CR2E034 (5/99)



Florida East Coast Corp.

2736 NW 29th Terrace
Oakland Park, Florida 33311
Phone (954) 730-8700 ~ FAX (954) 730-8692
E-mail: FlaECoast@aol.com



583441-9006-27

P97000001331

July 2, 1999

Annual Reports Filings
Department of State
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Due to our change of location in February of this year, we did not receive the initial packet to file our Annual Report.

Per our conversation with Debbie @ (850) 488-9000, we are sending our check for \$150.00 and our filing form. Please note corrected FEI #65-0776916.

Thank you, for your courtesy

Sheldon Schorr