COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT 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

OCUMENT #

P97000001331

FLORIDA EAST COAST, CORP.

icipal Place of Business

Mailing Address

30 ١K

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



| 6 N.W. 29TH TERRACE, BUILDING 13 KLAND PARK FL 33311 | | 2736 N.W. 29TH TERRACE, BUILDING 13 OAKLAND PARK FL 33311 | | NG 13 | DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified | |
|--|--|--|--------------------|--------------------------|---|---|
| | | | | | 12/31/1996 | |
| rincipal Pla | ace of Business | 2a. Mailing Address | ¬ | | 4. FEI Number | Applied For |
| , | | 26 | | | -11-2671841 65-0776916 | Not Applicable |
| uite, Apt. #, etc. | | Suite, Apt. #, etc. | \vdash | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| ity & State | | City & State | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| ip | Country | Zip | Country | | 8. This corporation owes the current year | |
| | 25 | 29 | 30 | | Intangible Personal Property. | 」Yes □ No |
| | 9. Name and Address of Curre | ent Registered Agent | | 84 1 | 10. Name and Address of New Registered | Agent |
| QCL | HILLINGER, LEE H | | | 81 Name | | |
| | 1 SHERIDAN STREET | | i | 82 Street Addr | ress (P.O. Box Number is Not Acceptable) | |
| | TE 202 | | | 83 | | |
| | LLYWOOD FL 33021 | | | 03 | | |
| | | | | 84 City | FL | 85 Zip Code |
| office or r | to the provisions of sections 607.05 registered agent, or both, in the Statem familiar with, and accept the obli | te of Florida. Such change was | authorized | d by the corporati | oration submits this statement for the purpose of crion's board of directors. I hereby accept the appoint | anging its registered ntment as registered |
| NATURE _ | | The second state of the se | IOTE: Basista | red Agent signature requ | uired when reinstating) DATE | |
| Signature, typed or printed name of registered agent and title if applicable. (Ni OFFICERS AND DIRECTORS | | | | Teo Agent agnature requ | ADDITIONS/CHANGES TO OFFICERS AN | ID DIRECTORS IN 12 |
| $ \overline{}$ | PST | DELETE | 13. | ILE | | Change Addition |
| J | SCHORR, SHELDON | | 1.2 NA | ME . | | |
| T ADDRESS | 22 RED GROUND ROAD | | 1.3 ST | REET ADDRESS | | |
| T-ZIP | OLD WESTBURY NY 11568 | | 1.4 CT | TY-ST-ZIP | | |
| · | V | DELETE | 2.1 TITLE | | | Change Addition |
| | SCHORR, MONA | _ | 2.2 NA | ME | | |
| TADDRESS | | | 2.3 STREET ADDRESS | | | |
| T-ZIP | OLD WESTBURY NY 11568 | | 2.4 CI | TY-ST-ZIP | | |
| | | DELETE | 3.1 TIT | rle | | Change Addition |
| } | | | 3.2 NA | ME | | |
| T ADDRESS | | | 3,3 ST | REET ADDRESS | | |
| T-ZIP | | | _ | TY-ST-ZIP | | |
| | | - L DELETE | 4,1 111 | 1 | | Change Addition |
| | | | 4.2 NA | | | |
| TADDRESS (| | | | REET ADDRESS | | |
| T-ZIP | | □ BELETE | 5.1 TIT | TY-ST-ZIP | | Change Addition |
| | | DELETE | 5.2 NA | | | Cliatige |
| FADDRESS \ | | | | REET ADDRESS | | |
| r-ZIP | | | I - | TY-ST-ZiP | | |
| . 411 | | DELETE | 6.1 TIT | | | Change Addition |
| ł | | | 6.2 NA | ME | | |
| r address | | | 6.3 ST | REET ADDRESS | | |
| ſ-ZIP | | | | TY-ST-ZIP | | |
| harabu aa | ertify that the information supplied wi | th this filing does not qualify for | the evern | tion stated in sec | ction 119.07(3)(i), Florida Statutes. I further certify | that the information or oath: that I am |
| n officer o | or director of the corporation or the | receiver or trustee empowered | to execute | this report as re- | shall have the same legal effect as if made undequired by Chapter 607, Florida Statutes; and that | my name appears |

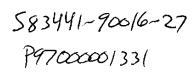
SNATURE:

Block 12 or Block 13 if chan

CR2E034 (5/99)

Florida East Coast Corp.







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.

Sheldon Schorr