

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90062 043 ***150.00

DOCUMENT # P97000090604

1. Entity Name
MIDCOAST INVESTMENTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1926 TENTH AVE. NORTH 4TH FLOOR LAKE WORTH FL 33461	Mailing Address 1926 TENTH AVE. NORTH 4TH FLOOR LAKE WORTH FL 33461-3300 US
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2. Principal Place of Business 1926 Tenth Avenue North Suite, Apt. #, etc. Suite 400 City & State Lake Worth, FL	3. Mailing Address 1926 Tenth Avenue North Suite, Apt. #, etc. Suite 400 City & State Lake Worth, FL
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4. FEI Number 65-0795146	Applied For Not Applicable
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Zip 33461	Country Palm Beach	Zip 33461	Country Palm Beach
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ROGERS, JAMES M
1926 TENTH AVE. NORTH
4TH FLOOR
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent
 Name
Olga E. Parra
 Street Address (P.O. Box Number is Not Acceptable)
1926 Tenth Avenue North, 4th Floor
Suite 400
 City
Lake Worth **FL** Zip Code
33461

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE **Olga E. Parra** DATE **1/12/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PARRA, OLGA E 1926 TENTH AVE. NORTH 4TH FLOOR LAKE WORTH FL 33461	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, HONORA 1926 TENTH AVE. NORTH 4TH FLOOR LAKE WORTH FL 33461	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAPIRO, STEPHEN J 1926 TENTH AVE. NORTH 4TH FLOOR LAKE WORTH FL 33461	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P BERNSTEIN, MICHAEL 1926 TENTH AVE. NORTH 4TH FLOOR LAKE WORTH FL 33461	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ROGERS, JAMES M 1926 TENTH AVE. NORTH 4TH FLOOR LAKE WORTH FL 33461	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/AS SESCO, CAROLYN S 1926 TENTH AVE. NORTH 4TH FLOOR LAKE WORTH FL 33461	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AS Eve Wilt 1926 Tenth Avenue North, 4th Floor Lake Worth, FL 33461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V William C. Kennedy 1926 Tenth Avenue North, 4th Floor Lake Worth, FL 33461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AS Graham Paul Wellington 1926 Tenth Avenue North, 4th Floor Lake Worth, FL 33461	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Michael Bernstein 1926 Tenth Avenue North, 4th Floor Lake Worth, FL 33461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/AS Carolyn S. Sesco 1926 Tenth Avenue North, 4th Floor Lake Worth, FL 33461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **OLGA E. PARRA, Executive Vice President** DATE **1/12/00** DAYTIME PHONE # **561-540-6224**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)