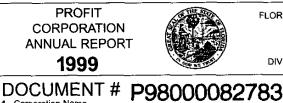
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



INTRACOASTAL REALTY GROUP OF FLORIDA, INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90121 049 ***300.00

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Mailing Address Principal Place of Business 631 WATERSIDE WAY 631 WATERSIDE WAY SARASOTA FL 34242 SARASOTA FL 34242 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/15/1998 Applied For 2a. Mailing Address FEI Number 2. Principal Place of Business *65-089a*403 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box Added to Fees Trust Fund Contribution 23 28 Country Zip Country This corporation owes the current year Intangible Zip 25 30 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name TOM H. SMITH STEPHEN F. VOIGHT, P.A. 82 2414 BEE RIDGE ROAD SARASOTA FL 34239 83 CITYSARASOTA 3424a Sections 607,0502 and 607,1504, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered sorn, in the State of Florida Submichange was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the appointment as a registered accept the acceptance and a registered acceptance acceptance and a registered acceptance acceptance acceptance and a registered acceptanc Pursuant to the provisions of office or registered agent or agent. I am familiar with, and SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Addition DELETE PRESIDENT 1.1 TITLE TITLE 1.2 NAME TOM H. SM M NAME 631 WATERSIDE WAY 1.3 STREET ADDRESS STREET ADDRESS SALASOM, PL 34242 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE □1 Change Addition 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF ☐ DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 DDF ☐ Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

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 impowered to execute this report as required by Chapter 607. Florida Satutes; and that my name appears in officer or director of the corp Block 12 or Block 13 if chan ess, with all other like empowered.

ED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

941-346-6575

CR2E034 (11/98)

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