

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 # **P98000085302**

1. Corporation Name
FLORIDA COASTAL IRRIGATION, INC.

Principal Place of Business
**7431-34 W. ATLANTIC AVE.
DELRAY BEACH FL 33446**

Mailing Address
**7431-34 W. ATLANTIC AVE.
DELRAY BEACH FL 33446**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 27 PM 12: 53



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/05/1998	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0873168		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	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 MASSE, ERIC 7431-34 W. ATLANTIC AVE. DELRAY BEACH FL 33446				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable) 200003006412--3	
				83. City -10/05/99--01107--016	
				84. City FL	
				85. Zip Code 550.00	

11. 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.

SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. NAME			
3. STREET ADDRESS			
4. CITY-STATE-ZIP			
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. NAME			
7. STREET ADDRESS			
8. CITY-STATE-ZIP			
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. NAME			
11. STREET ADDRESS			
12. CITY-STATE-ZIP			
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. NAME			
15. STREET ADDRESS			
16. CITY-STATE-ZIP			
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
18. NAME			
19. STREET ADDRESS			
20. CITY-STATE-ZIP			
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
22. NAME			
23. STREET ADDRESS			
24. CITY-STATE-ZIP			
25. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
26. NAME			
27. STREET ADDRESS			
28. CITY-STATE-ZIP			
29. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
30. NAME			
31. STREET ADDRESS			
32. CITY-STATE-ZIP			
33. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
34. NAME			
35. STREET ADDRESS			
36. CITY-STATE-ZIP			
37. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
38. NAME			
39. STREET ADDRESS			
40. CITY-STATE-ZIP			
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
42. NAME			
43. STREET ADDRESS			
44. CITY-STATE-ZIP			
45. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
46. NAME			
47. STREET ADDRESS			
48. CITY-STATE-ZIP			
49. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
50. NAME			
51. STREET ADDRESS			
52. CITY-STATE-ZIP			
53. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
54. NAME			
55. STREET ADDRESS			
56. CITY-STATE-ZIP			
57. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
58. NAME			
59. STREET ADDRESS			
60. CITY-STATE-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 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

Date

Daytime Phone #

9/22/99 (561) 499-7808

0000002

CR2E034 (5/99)