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May 04, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000108367

1. Corporation Name

INTRACOASTAL MORTGAGE CORPORATION

Principal Place of Business

8556 TOURMALINE BLVD
BOYNTON BEACH FL 33437

Mailing Address

8556 TOURMALINE BLVD
BOYNTON BEACH FL 33437



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1998

4. FEI Number

65-0888315

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **3086 JOG ROAD**

Suite, Apt. #, etc.

22

City & State

23 **GREENACRES FL**

Zip

24 **33463**

Country

25 **USA**

2a. Mailing Address

26 **3086 JOG ROAD**

Suite, Apt. #, etc.

27

City & State

28 **GREENACRES FL**

Zip

29 **33463**

Country

30 **USA**

9. Name and Address of Current Registered Agent

HOWARD, KEVIN S
8556 TOURMALINE BLVD
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent

81 Name

KEVIN S. HOWARD

82 Street Address (P.O. Box Number is Not Acceptable)

3086 JOG ROAD

83

84 City

GREENACRES

FL

85 Zip Code

33463

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 **KEVIN S. HOWARD PRESIDENT** **4/28/99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **President** ☐ DELETE

NAME **Kevin**

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Pres P** ☒ Change ☐ Addition

1.2 NAME **KEVIN S. HOWARD**

1.3 STREET ADDRESS **3086 JOG ROAD**

1.4 CITY-ST-ZIP **GREENACRES FL 33463**

2.1 TITLE **Y** ☐ Change ☒ Addition

2.2 NAME **BART CASO**

2.3 STREET ADDRESS **3086 JOG ROAD**

2.4 CITY-ST-ZIP **GREENACRES FL 33463**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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, with all other like empowered.

SIGNATURE:

KEVIN S. HOWARD

4/28/99

561 432-1152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)