

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 15, 2000 8:00 am**
Secretary of State

02-15-2000 90062 046 ***150.00

DOCUMENT # P99000089573

1. Entity Name

MIDCOAST ACQUISITIONS CORP.

Principal Place of Business	Mailing Address
1926 TENTH AVE. NORTH, 4TH FLOOR LAKE WORTH FL 33461	1926 TENTH AVE. NORTH, 4TH FLOOR LAKE WORTH FL 33461-3300

2. Principal Place of Business	3. Mailing Address
1926 Tenth Avenue North Suite, Apt. #, etc. Suite 400	1926 Tenth Avenue North Suite, Apt. #, etc. Suite 400

City & State	City & State
Lake Worth, Florida	Lake Worth, Florida

Zip	Country	Zip	Country
33461	Palm Beach	33461	Palm Beach

4. FEI Number	Applied For
65-0952852	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PARRA, OLGA E 1926 TENTH AVE. NORTH, 4TH FLOOR LAKE WORTH FL 33461	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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	DATE
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. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	D/V Honora Shapiro 1926 Tenth Avenue North, Suite 400 Lake Worth, FL 33461 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNSTEIN, MICHAEL 1926 TENTH AVE. NORTH, 4TH FLOOR LAKE WORTH FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Michael Bernstein 1926 Tenth Avenue North, Suite 400 Lake Worth, FL 33461 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Stephen J. Shapiro 1926 Tenth Avenue North, Suite 400 Lake Worth, FL 33461 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T Carolyn S. SESCO 1926 Tenth Avenue North, Suite 400 Lake Worth, FL 33461 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Eve Wilt 1926 Tenth Avenue North, Suite 400 Lake Worth, FL 33461 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Olga E. Parra 1926 Tenth Avenue North, Suite 400 Lake Worth, FL 33461 <input type="checkbox"/> Change <input checked="" 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:	1/17/00	(561) 540-6224
Olga E. Parra, Secretary	Date	Daytime Phone #