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Mar 17, 1999 8:00 am  
Secretary of State

03-17-1999 90129 034 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 750325

1. Corporation Name  
LA COSTA DEL MAR, INC.

Principal Place of Business: A & M PROPERTY MGT, 3475 HIATUS ROAD, SUNRISE FL 33351, US

Mailing Address: 3475 HIATUS RD, SUNRISE FL 33351, US



21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4.	FBI Number
23	City & State	27	City & State		Applied For
24	Zip	28	Zip	5.	Certificate of Status Desired
25	Country	29	Country		Not Applicable
30		30			\$8.75 Additional Fee Required
				6.	Election Campaign Financing Trust Fund Contribution
					\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MALCOLM H WALDRON, III 3475 HIATUS ROAD SUNRISE FL 33351		81	Name <i>A &amp; M Property MGT</i>
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	<i>3475 NORTH HIATUS ROAD</i>
		84	City <i>SUNRISE</i>
		85	Zip Code <i>33351</i>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: *3/15/99*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY ELLEN SORCE	12 NAME	
STREET ADDRESS	6372 LA COSTA DR 602	13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DV DWYER, JUDITH A	22 NAME	
STREET ADDRESS	6463 LA COSTA DRIVE, # 301	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL ReBrE-B	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DS SCHWARTZ, ARTHUR	32 NAME	
STREET ADDRESS	6372 LA COSTA DRIVE, # 705	33 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MARK BERNSTEIN	42 NAME	
STREET ADDRESS	6372 LA COSTA DR 502	43 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	44 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T BILL JACKMAN	52 NAME	TD Bill O'Brian
STREET ADDRESS	6463 LA COSTA DR 604	53 STREET ADDRESS	6372 LaCosta Dr. #501
CITY-ST-ZIP	BOCA RATON FL	54 CITY-ST-ZIP	Boca Raton, FL
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 617, 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: *[Signature]* MARY ELLEN SORCE DATE: *3/12/99*

CR2E037 (1/198)