


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
PROFIT CORPORATION ANNUAL REPORT 1996			
DOCUMENT # <b>994000019433</b> 1. Corporation Name <b>Seacoast Real Estate Company</b>			
Principal Place of Business <b>4701 N. Federal Highway Suite 405 Box C3 Pompano Beach, FL 33064</b>		Mailing Address <b>4701 N. Federal Highway Suite 405 Box C3 Pompano Beach, FL 33064</b>	
2. Principal Place of Business 21 <b>4701 N. Federal Hwy.</b> Suite, Apt. #, etc. <b>Box C3</b>		2a. Mailing Address 26 <b>4701 N. Fed. Hwy.</b> Suite, Apt. #, etc. <b>Suite 405 Box C3</b>	
22 <b>405</b> City & State <b>Pompano Beach FL</b>		27 <b>Suite 405 Box C3</b> City & State <b>Pompano Beach FL</b>	
24 <b>33064</b> Zip Country <b>BROW.</b>		29 <b>33064</b> Zip Country <b>BROWARD</b>	
3. Date Incorporated or Qualified <b>March 14, 1994</b>		3a. Date of Last Report <b>1995</b>	
4. FEI Number <b>65-0486653</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>Nenette Grunberg 6383 Via Rosa Boca Raton FL 33433</b>		10. Name and Address of New Registered Agent 81 Name <b>Nenette Grunberg</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>6383 Via Rosa</b> 83 <b>Boca Raton FL 33433</b> 84 City <b>FL</b> 85 Zip Code <b>33433</b>	
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 <b>Nenette Grunberg</b> DATE <b>7-16-96</b> <small>(Signature of Registered Agent or printed name of Registered Agent and Title of Applicant) (NOTE: Registered Agent's signature required when re-registering)</small>			
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE NAME <b>President</b> STREET ADDRESS <b>Nenette Grunberg</b> CITY - ST - ZIP <b>6383 Via Rosa</b> <b>Boca Raton FL 33433</b>		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE NAME <b>Vice President</b> STREET ADDRESS <b>Thomas R. Timphino</b> CITY - ST - ZIP <b>6521 Via Rosa</b> <b>Boca Raton FL 33433</b>		21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **Nenette Grunberg** President Date: **7/16/96** **954**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **942 2656**  
**8/16/96**

CR2E034 (3/96)