

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90087 019 ***150.00

DOCUMENT # 167052

1. Corporation Name

EAST COAST REALTY CORPORATION

Principal Place of Business

8296 DUNDEE TERRACE (MIAMI LAKES 33016)
P.O. BOX 4786
HIALEAH LAKES FL 33014

Mailing Address

8296 DUNDEE TERRACE (MIAMI LAKES 33016)
P.O. BOX 4786
HIALEAH LAKES FL 33014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 4138 SKYWAY DRIVE
Suite, Apt. #, etc.

2a. Mailing Address

26 4138 SKYWAY DRIVE
Suite, Apt. #, etc.

22. City & State

23 NAPLES, FLA
Zip Country

27. City & State

28 NAPLES, FLA
Zip Country

24 3412-2928
25

29 3412-2928
30

9. Name and Address of Current Registered Agent

SIMPSON, EMMETT C.
8296 DUNDEE TERRACE
MIAMI LAKES FL 33016

3. Date Incorporated or Qualified

11/12/1951

4. FEI Number

59-0727909

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

10. Name and Address of New Registered Agent

81 Name LINDA C. SIMPSON

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

83 4138 SKYWAY DRIVE

84 City NAPLES

FL

85 Zip Code 34112

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

3-25-99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SIMPSON, E C
STREET ADDRESS 8296 DUNDEE TERRACE
CITY-ST-ZIP MIAMI LAKES FL

☒ DELETE

TITLE D
NAME SIMPSON, E S
STREET ADDRESS 8296 DUNDEE TERRACE
CITY-ST-ZIP MIAMI LAKES FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME LINDA C. SIMPSON
1.3 STREET ADDRESS 4138 SKYWAY DRIVE
1.4 CITY-ST-ZIP NAPLES, FL 3412-2928

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Signature and typed or printed name of signing officer or director

2-20-99(941)793-1433

Date

Daytime Phone #

CR2E034 (11/98)