

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90026 041 \*\*\*150.00

**DOCUMENT # 340374**

1. Entity Name

ATLANTIC COAST DEVELOPMENT CORP



Principal Place of Business

19501 N.E. 10TH AVENUE, SUITE 306  
NORTH MIAMI BEACH, FL 33179

Mailing Address

19501 N.E. 10TH AVENUE, SUITE 306  
NORTH MIAMI BEACH, FL 33179

340374



**DO NOT WRITE IN THIS SPACE**

01132004

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-1229896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SEGALL, E.M.  
19501 N.E. 10TH AVENUE  
SUITE 306  
NORTH MIAMI BEACH, FL 33179

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE S  
NAME SEGALL, E M  
STREET ADDRESS 2135 N. E. 197 TERR  
CITY-ST-ZIP N. MIAMI BCH, FL

TITLE D  
NAME SEGALL, JUDITH R  
STREET ADDRESS 2135 N. E. 197 TERR  
CITY-ST-ZIP N. MIAMI BCH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E.M. SEGALL

Date

Daytime Phone #

2/23/04

305-654-0537