FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

1041 U.S. HIGHWAY 1

DOCUMENT # 551853

(5)

1041 U.S. HIGHWAY 1

COAST SIDE REALTY, INC.

Principa' Place of Business Mailing Address

JUNO BEACH FL 33408		JUNO BEACH FL 33408					
						3. Date Incorporated or Qualified 11/23/1977	3a. Date of Last Report 04/28/1995
2. Principal Pla 21 14041		HIGHWAY 1	2a. Mailing Address 26 14041 U.	S. HIG	HWAY	4. FEI Number 1 59-1789274	Applied For Not Applicable
Suite, Apt #	, etc.		Suite, Apt. #, etc. 27 SUITE A			5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oity & State 23 JUNO		I, FL.	City & State 28 JUNO BEA	ACH, FL	•	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Ζιρ [24] 33408		Country 25 PALM BEACH		Country 30PALM			s 🗍 No
	9. Name	and Address of Current	t Registered Agent			10. Name and Address of New	Registered Agent
				81	Name		
	YCK, IREN	EE		82	Street Ar	ddress (P.O. Box Number is Not Accepta	ple)
1041 US				-			
JUNO B	EACH FL :	33408		83			
				84	City		FL 85 Zip Code
11. Pursuant to	o the provisi	ons of Sections 607.0502	and 607.1508, Florida Statu	ites, the above-	named con	poration submits this statement for the pu	roose of changing its registered office
or registere	ed agent, or	both, in the State of Florid	da Such change was authori ion 607.0505, Florida Statute	ized by the corp	oration's b	oard of directors. Thereby accept the app	oointment as registered agent. I am
SIGNATURE	Signature, typical	or printed name of registered agent a	and title if applicable (N	IOTE: Registered Age	nt signature rec	juired when reinstating)	DATE
12.		OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	PDS		DELETE	1.1 TITLE			Change Addition
NAME		AICK,IRENE		1.2 NAME		44644	
STREET ADDRESS		S HIGHWAY #1, SUITI	ΓE A	13 STREE	FADDRESS	14041 U.S. HIGHWA	Y #1 SUITE A
CITY-ST-ZIP	JUNO I	BEACH FL		14 CHY-	ST-ZIP	19.00	
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STREET ADDRESS				2 3 STREE	T ADDRESS		
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STREET ADORESS				64 CITY			
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 is chapted, or on an attachment with a laddres.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96 401-626-260 Deptine Phone # CR2E034 (12/95)