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

587845 DOCUMENT #
1. Corporation Name

(9)

SURFCOAST REALTY, INC.

Principal Place of Business

Mailing Address



| P O BOX 308 NEW SMYRNA BEACH FL 32168-7009 | | NEW SMYRNA BEACH FL 32168-7009 | | | | | | | |
|---|---|--|------------------|---------|---|--|---------------|--------|------------------------------------|
| | | | | | 3. Date Incorporated or Qualified 09/27/1978 | 3a. Date of Last Report 05/01/1995 | | | |
| Principal Place of Business 2a. Mailing Address | | | 5 | | | 4, FEI Number | | | Applied For |
| 21 2321 So. Ridoqueral 26 P.O. Box 300 | | | 308 | | | 59-1852060 | | | Not Applicable |
| Suite, Apt. # | | Suite Apt. #, etc. | 4 4 - | | / | 5. Certificate of Status Desired | | | . 75 Additional ee Required |
| 2 | EWATER FL | 27 NEW SAMA | (NA DE | NC | | 6. Election Campaign Financing | | | |
| 32141 | | 26 P.O. BOX 308 Suite Apt. #, etc. 27 NEW SHARNA BEACH City & State 28 FLORIDA | | | 6. Election Campaign Financing \$5.00 Ma Trust Fund Contribution Added to F | | | | |
| Zip | Country | Zio | Cou | ritry | | 8. This corporation has liability for | intangible ta | x unde | ers 199.032, |
| 4 | 25 U.S.A. | 29 32170 | 30 | u | .S.A. | | □ No | | |
| | 9. Name and Address of Curren | t Registered Agent | | | | 10. Name and Address of New F | registered | Agent | |
| | | | | 81 | Name | | | | |
| WRIGHT | , THOMAS D. | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptab | ole) | | |
| | RTH CAUSEWAY | | | 83 | | | | | |
| NEW SM | IYRNA BCH FL 32169 | | | 53 | | | | | |
| | | | | 84 | City | | FL | 85 | Zip Code |
| OLONIA TUROS | i, and accept the obligations of, Sections are typed or or temperature typed or or temperature for residuals (a.g., 1 | and the it is plear a | daji Enjetova | Auges | diografore roi pare | | | | |
| 12. | OFFICERS AND | | 13. | | т | ADDITIONS/CHANGES TO OFF | , | _ | |
| TITLE | PST | DELETE | 1 1 T | | | | L | Char | nge 🔲 Addition |
| NAME | SUZENAAR, JOHANNES | | 1.2 NA | | | | | | |
| STREET ADDRESS | 501 TOPSIDE CIRCLE EDGEWATR FL | | | | ADDRESS | | | | |
| CITY - ST ZIF | VD VD | [] DELETE | 1 4 CI 2 1 TI | | ST ZIF | | | 7 Char | nge [] Addition |
| NAMÉ : | SUZEMAAR, JOHANNES | | 2 2 N/ | | | | | | ., |
| STREET ADDRESS | 501 TOPSIDE CIRCLE | | | | ADDRESS | | | | |
| C-TY-ST-Z-P | EDGEWATER FL | | | | ST - 71P | | | | |
| TiTLE | | DELFTE | 3 1 T | I'LF | | | . [| Char | nga 🔲 Addition |
| NAME | | | 32 N | AME | | | | | |
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| CITY - ST - ZIP | | <u></u> | | | S1 - ZIP | | - | - Char | nge 🔲 Addition |
| TITLE | | DETERE | 4 1 T 4 2 N | | | | L | | rge Addition |
| NAME OLOGE LABOREGE | | | i i | | LADORESS | | | | |
| STREET ADDRESS City-St-Zip | | | | | ST ZIP | | | | |
| TITLE | AAA | ☐ DELFTE | 5 1 7 | | | | [| Cha | nge 🔲 Addition |
| NAME | | _ | 52 N | AME | | | | | |
| STREET ADDRESS | | | 5.3 S | TREET | LADDRESS | | | | |
| CHTY-ST-ZiP | | | 5 4 0 | II - 9 | \$1 - ZIP | | | | |
| TITLE | | ☐ DELÉTE | 6 1 1 | 1LE | | | [| Chai | nge 🔲 Addition |
| NAME | | | 62 N | | | | | | |
| STREET ADDRESS | | | | | T ADDRESS | | | | |
| CITY - ST - ZIP | | | 64C | ITY - 9 | ST - ZIP | Carlos 110 | | | |

14. If 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. If 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.

SIGNATURE:

GNAJURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96 904-427-5221