

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G62425** (5)

1. Corporation Name

**SOUTH COAST REALTY, INC.**

Principal Place of Business

**1428 BRICKELL AVE 400  
MIAMI FL 33131**

Mailing Address

**1428 BRICKELL AVE 400  
MIAMI FL 33131**



3. Date Incorporated or Qualified  
**09/12/1983**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business  
21 **1401 BRICKELL AVENUE**

2a. Mailing Address  
26 **1401 BRICKELL AVENUE**

4. FEI Number  
**59-2437742**

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 **SUITE 530**

Suite, Apt. #, etc.  
27 **SUITE 530**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

City & State  
23 **MIAMI, FL**

City & State  
28 **MIAMI, FL**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

Zip  
24 **33131**

Country  
25 **DADE**

Zip  
29 **33131**

Country  
30 **DADE**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARCO, GERALD A  
1428 BRICKELL AVE 400  
MIAMI FL 33131**

81 Name

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

**1401 BRICKELL AVENUE**

83 **SUITE 530**

84 City

**MIAMI**

**FL**

85 Zip Code  
**33131**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME **DP MARCO, GERALD A** ☐ DELETE  
STREET ADDRESS **1428 BRICKELL AVE 400**  
CITY-ST-ZIP **MIAMI, FL 00000**

1. 1 TITLE ☒ Change ☐ Addition  
2 NAME  
3 STREET ADDRESS **1401 BRICKELL AVENUE, SUITE 530**  
4 CITY-ST-ZIP **MIAMI, FL 33131**

TITLE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

2. 1 TITLE ☐ Change ☐ Addition  
2 NAME  
3 STREET ADDRESS  
4 CITY-ST-ZIP

TITLE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

3. 1 TITLE ☐ Change ☐ Addition  
2 NAME  
3 STREET ADDRESS  
4 CITY-ST-ZIP

TITLE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

4. 1 TITLE ☐ Change ☐ Addition  
2 NAME  
3 STREET ADDRESS  
4 CITY-ST-ZIP

TITLE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

5. 1 TITLE ☐ Change ☐ Addition  
2 NAME  
3 STREET ADDRESS  
4 CITY-ST-ZIP

TITLE  
NAME ☐ DELETE  
STREET ADDRESS  
CITY-ST-ZIP

6. 1 TITLE ☐ Change ☐ Addition  
2 NAME  
3 STREET ADDRESS  
4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Gerard A. Marco, President*  
GERARD A. MARCO, D/P

**4/15/96**

**305-371-7200**

Date

Daytime Phone #

CR2E034 (12/95)