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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J52939

(2)

## **SOUTHEAST COASTAL CONSTRUCTION CORPORATION**

Principal Place of Business

Mailing Address

1915 E. COLOMAL DR., STE. 24 ORLANDO FL 32803 1915 E. COLONIAL DR., STE. 24 ORLANDO FL 32803-4851

## FILED May 16 1997 8:00am Secretary of State



ORLANDO FL 3	2903	ORLANDO FL 32803-4	851				
					3. Date Incorporated or Qualified 01/22/1987	3a. Date of Last Report 08/01/1996	
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number 59-2763007	Applied F Not Appli	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition	nal	
City & State	)	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May B	
Zip	Country	Zφ	— n	untry	8. This corporation has liability for i		
24	9. Name and Address of Curren	t Popletored Agent	30	T	Florida Statutes L  10. Name and Address of New Re		
		it Negistered Agent		81 Name	TO, Marile and Address of New Yor	gistored Agent	
KATZ	Z, LAWRENCE H.			or Hame			
	N MAITLAND AVE, #20 TLAND FL 32751			82 Street A	ddress (P.O. Box Number is Not Acceptab	olo)	
WAI	DAND FL 32/01			63		administration and American Management (Management American Americ	
				B4 City	A SAMPA MANA	FL 85 Zip Code	
11. Purcuant	to the provisions of Soctions 607 050	2 and 607 1508. Florida S	tatules the a	hove-named o	corporation submits this statement for the n		slored
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change vations of, Section 607.0505	vas authorize 5, Florida Sta	ed by the corp- itules.	corporation submits this statement for the poration's board of directors. I hereby accept	of the appointment as registor	ered
SIGNATURE	Signature, typed or printed name of registered age		(NOTE: Registore	ed Agent signature r	equired when reinstating)	DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	VD	☐ DELFTE	1.1 7	ure		Change A	Addition
NAME	TUTTLE, L. MILLS		1,21	IAME			
STREET ADDRESS	1915 E COLONIAL DR #24		1.3 9	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		1.4 0	CITY - ST - ZIP			
TITLE		DELETE	2.11	TILE		Change A	Addition
NAME			221	NAME			
STREET ADDRESS			2.3 5	STREET ADDRESS			
CITY-ST-ZIP			2. 4	CITY-S1-ZIP			<u></u>
TITLE		DELFTE	311	ure		Change 🔲 A	Addition
NAME			321	NAME			
STREET ADDRESS			3.3 9	STREET ADDRESS			
CITY-ST-ZIP			3.4.	CITY-ST-ZIP			
TITLE		DELETE	4.1.1	IITLE		Change 🔲 A	Addition
NAME			4.2	NAME			
STREET ADDRESS			4.3 9	STREET ADDRESS			
CITY-ST-ZIP				CHTY-ST-ZIP			
TITLE		☐ DELETE	5.11	IIILE		☐ Change ☐ A	Addition
NAME			5,21	NAME			
STREET ADDRESS			5.3 \$	STREET ADDRESS			
CITY-ST-ZIP			5.4 (	CITY-ST-ZIP			
TITLE		DELFTE		INLE		☐ Change ☐ A	Addition
NAME			6.2 f	NAME			
STREET ADDRESS			6.3 5	STREET ADDRESS			
CITY-ST-ZIP				CITY-S1-ZIP			
0111-01-FIL							

4. I do 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.

CIGNATURE:

TORK CONTRACTOR

4 28/97 (40) 292721-