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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	K25942
1. Corporation Name	TALOUTE

**SOUTH COAST RESORTS CORPORATION** 

Principal Place	Place of Business Mailing Address					
3015 N. OCEAN BLVD. 3015 N. OCEAN BLVD. SUITE 120 SUITE 120						
FT. LAUDERDALE FL 33308-7306		FT. LAUDERDALE FL 33308-7306		DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE	
					<ol><li>Date Incorporated or Qualified</li></ol>	•
					06/13/1988	
	ace of Business	2a. Mailing Address			4. FETNumber	Applied For
21		26			65-0056894	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired [ ]	\$8.75 Additional
22		27			5. Commente of Strates Desired	Fee Required
City & State	9	City & State			6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28			Trust Fund Contribution	Added to Fees
Zip Country		Zip Country		8. This corporation owes the current year to		
24	[25]	L., I	30		Personal Property Tax	±±ges [  No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	d Agent
FOST	TER, REBECCA		81	Name		
	N. OCEAN BLVD.		82	Street A	ddress (P.O. Box Number is Not Acceptable)	
	AUDERDALE FL 33308				nnnninsisse	15806
11.6	AUDENDALE PE 33300		83		04/05/991	J1126016
			84	City	****150.00	*******5000
				,	<b>F</b> i	L   S   Z   Code
office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with land accept the obligat	of Florida. Such change was ac	athorized by	the corpor.	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	of changing its registered pintment as registered
SIGNATURE	Signature, typed or proted mone of registered agen	tand the diamon ass (NCC)	for reduced A re-	LS of Parentage	provide where the second secon	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	DPS	El pecere	11700		The first of the control of the cont	[   Change   [   Addition
NAME	FOSTER, REBECCA A		12 NAME			
STREET ADDRESS	6094 VISTA LINDA LANE		13.STREE	ADDRESS.		
CITY-\$T-ZIP	BOCA RATON FL 33433		14 CHY-S	1-20		
TITLE	DVT	El dece le	2 1 THLE			{   Change
NAME	LANDAU, MARC		2.2 NAME			•
STREET ADDRESS	17858 NW 15TH CT		23 STKEF	ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33029		2.4 OIY-S			
TITLE		[ ] DELETE	31 Tille			[   Change   [   Addition
NAME			3.2 NAME			
STREET ADDRESS			335THFE	ADDRESS		
CITY-ST-ZIP			34 City-S			
TITLE		[   DELETE	41 TITLE	• • "		[   Change   [   Addition
NAME		•	4 2 NAM/			
STREET ADDRESS			43STREF	Amneres		
CITY- ST-ZIP			4.4 C-TY-S			
TITLE		[]] DELETE	517/1F	112111		[   Change
NAME		Libercie	5.2 NAME			Filo in ide - El turation:
			53 STREE	Africa (SS)		
STREET ADDRESS			5.4 CHY-S	i		
CITY-ST-ZiP TITLE		[ ] DÉLETE	61 TITLE	-24		Branch Commence
		( I DECE IT	6.2 NAME			Change (A LAddton
NAME				APPONICA		MACL!
STREET ADDRESS			63\$TREET	ļ		$\mathcal{M}^{\gamma}$
C(TV, ST, 7ID	1		64 O(1) - S1	- 71-1		

14. Thereby 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 creditives or trustose empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 12 or Block 13 if changell, or on an allocation address, with all other like empowered.

SIGNATURE:

Rebuca A. Foster

2/15/99

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CECTETY OF SHIP