

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 JUN 15 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K68066 (5)**
1. Corporation Name
SOUTHCOAST CAPITAL MANAGEMENT CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business % ROBERT R. KREIS 1600 INDEPENDENT SQUARE JACKSONVILLE FL 32202 US	Mailing Address % ROBERT R. KREIS 1600 INDEPENDENT SQUARE JACKSONVILLE FL 32202 US
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3. Date Incorporated or Qualified 02/20/1989	
4. FEI Number 59-2933761	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 1 Independent Drive
22 City & State	27 Suite 1600
23 Zip	28 Jacksonville, FL
24 Country	29 32202-5009
25	30 USA

9. Name and Address of Current Registered Agent
**KREIS, ROBERT R.
1600 INDEPENDENT SQUARE
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 1 Independent Drive, Suite 1600	
84 City	85 Zip Code
Jacksonville FL	32202-5009

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> DELETE
NAME	KREIS, ROBERT R.
STREET ADDRESS	1600 INDEPENDENT SQUARE JACKSONVILLE FL
CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE
NAME	LOVETT, R. D.
STREET ADDRESS	1600 INDEPENDENT SQUARE JACKSONVILLE FL
CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE
NAME	LOVETT, W. R. II
STREET ADDRESS	1600 INDEPENDENT SQUARE JACKSONVILLE FL
CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE
NAME	WILLIAMS, L. D.
STREET ADDRESS	1600 INDEPENDENT SQUARE JACKSONVILLE FL
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1 Independent Drive, Suite 1600 Jacksonville, FL 32202-5009
1.4 CITY-ST-ZIP	
2.1 TITLE	DPC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1 Independent Drive, Suite 1600 Jacksonville, FL 32202-5009
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1 Independent Drive, Suite 1600 Jacksonville, FL 32202-5009
3.4 CITY-ST-ZIP	
4.1 TITLE	VT AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1 Independent Drive, Suite 1600 Jacksonville, FL 32202-5009
4.4 CITY-ST-ZIP	
5.1 TITLE	400002566624-05 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	-06/19/98--0115--025 *****8.75 *****8.75
5.4 CITY-ST-ZIP	
6.1 TITLE	400002566624--5 <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	-06/19/98--0115--025 *****550.00 *****550.00
6.4 CITY-ST-ZIP	

14. I 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.

Robert R. Kreis, Vice President 6/15/98

CR2E034 (10/97)