


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

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95 APR 18 PM 7:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morhorn Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L03791 (5)

1. Corporation Name
EAST COAST DEVELOPMENTS, INC.

Principal Place of Business MARLOW CAMPINGLAND SWAFFHAM NORFOLK, ENGLAND PE377RB	Mailing Address MARLOW CAMPINGLAND SWAFFHAM NORFOLK, ENGLAND PE377RB
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 07/21/1989	3a. Date of Last Report 07/12/1984
4. FEI Number 59-2977182	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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MACKINNON, ALEXANDER C.
255 S. ORANGE AVENUE SUITE 255
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, GRAHAM J.	12.1 NAME	
STREET ADDRESS	MARLOW CAMPINGLAND	13.1 STREET ADDRESS	
CITY - ST - ZIP	SWAFFAM, NORFOLK ENGL	14.1 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, JENNIFER A.	22.1 NAME	
STREET ADDRESS	MARLOW CAMPINGLAND	23.1 STREET ADDRESS	
CITY - ST - ZIP	SWAFFAM, NORFOLK ENGL	24.1 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAY, RICHARD	32.1 NAME	
STREET ADDRESS	ROSEBANK COTTAGE KIRKGATE STREET	33.1 STREET ADDRESS	
CITY - ST - ZIP	HOLME-NEXT-SEA NORFOLK	34.1 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAY, LINDA R.	42.1 NAME	
STREET ADDRESS	1 ROSEBANK COTTAGE KIRKGATE STREET	43.1 STREET ADDRESS	
CITY - ST - ZIP	HOLME-NEXT-SEA NORFOLK	44.1 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52.1 NAME	
STREET ADDRESS		53.1 STREET ADDRESS	
CITY - ST - ZIP		54.1 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62.1 NAME	
STREET ADDRESS		63.1 STREET ADDRESS	
CITY - ST - ZIP		64.1 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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Graham J. Edwards* **GRADY, PRESIDENT** 8.3.95 **OK 7760 72/100**

Date: _____ (Type in Fees #)