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

FILED
Jun 17 1997 8:00am
Secretary of State

DOCUMENT # M91186 (0)

Corporation Name
EAST COAST AND GULF REAL ESTATE INC.

[redacted]

Principal Place of Business
3303 N Ocean Blvd.
Ft Lauderdale, Fl
33308

Mailing Address
3303 N Ocean Blvd.
Ft Lauderdale, Fl
33308

Date Incorporated or Qualified: 07/11/1988
Date of Last Report: 4/30/96

21 Principal Place of Business: 3303 N Ocean Blvd.
22 Suite, Apt. #, etc.:
23 City & State: Ft Lauderdale, Fl
24 Zip: 33308
25 Country: Broward

26 Mailing Address: 3303 N Ocean Blvd
27 Suite, Apt. #, etc.:
28 City & State: Ft Lauderdale, Fl
29 Zip: 33308
30 Country: Broward

4. FEI Number: 65-0062455 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. ☐ $5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

LILIENTHAL AILEEN 2050 NE 39 St. #105
Ft Lauderdale, Fl 33308

Mailing Address: P.O. Box 23225, Ft Laud Fl 33307

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 this 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 title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	LILIENTHAL AILEEN	
STREET ADDRESS	2050 NE 39 St #105	
CITY-ST-ZIP	Ft Lauderdale, Fl 33308	
TITLE	ST	☐ DELETE
NAME	LILIENTHAL ALFRED J.	
STREET ADDRESS	2050 NE 39 St #105	
CITY-ST-ZIP	Ft Lauderdale, Fl 33308	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		☐ Change ☐ Add
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Add
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Add
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Add
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Add
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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6.17

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: Aileen Lilienthal Aileen Lilienthal 4-28-97 954-563-3877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #