## FILE NOW: FILING FEE AFTER MAY 1 JS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000023737 (8)

EAST COAST INVESTMENTS, INC.

	*
Principal Place of Business	Maling Address



7001 ALOMA Winter Par		65-RADTKE-ROAD- BANDOLPH-NJ-37869		3. Date Incorporated or Qualified 03/30/1993	3a. Date of Last Report 07/03/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 ANGELIA GOR	DON PROP MGMT	INC 59-3177224	Not Applicable
Suite, Apt. #	, etc.	Suito Ant # oto	JON DEIVE	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State  28 OLLA NO		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	29 3asof	Country 30 ORANGE		<b>XI</b> No
201-S0 SUITE 2 -MIAMI-F 11. Pursuant to or registers	UTH BISCAYNE BLVD. Pro 2000- 1-33151 PRIA	EliA GORDON PERTY MAN Dijon Dri Ndo, Fl. 3280	es, the above named corporated by the corporation's board	assP.O. Box Nymber is Not Accepted and a statement for the put of directors. Thereby accept the app	FL 85 73 29 85 pose of changing its registered office pintnent as registered agent. I am
SIGNATURE	Liture, typy of position names of recommendation		TE: Flogistered Agent's gnature required	when reinstating	126/996
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	KNAPP, RICHARD D		1.2 NAME		Change Addition
STREET ADDRESS	7001 ALOMA AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792		1.4 C(TY - S1 - Z(P)		
TITLE	VD	DELETE	2 1 TITLE		Change Addition
NAME	KNAPP, PATRICIA M		2.2 NAME		
STREET ADDRESS	7001 ALOMA AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792		2 4 City - St - Zip		
TITLE		DELETE	3 1 TITUE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS					
			3.3 STREET ADDRESS		
CITY-ST-ZIP		□ ne: Fie	3.4 CHY-ST-ZIP		Change Addition
CITY-ST-ZIP TITLE		☐ DELETE	3.4 CHY-ST-ZIP 4. 1 TITEE		Change Addition
CITY-ST-ZIP TITLE NAME		□ DELFTE	3.4 CHY-ST-ZIP 4.1 TITEE 4.2 NAME		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		□ DESFTE	3 4 C/TY - ST - Z/P 4. 1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME		☐ DELETE	3.4 CHY-ST-ZIP 4.1 TITEE 4.2 NAME		☐ Change ☐ Addition ☐ Change ☐ Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			3 4 CHY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 SHREET ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		
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CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE		☐ DELETE	3 4 CITY - ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP 6.1 TITLE		Change Addition

To unnewly 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 indicates 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 changed, or on an attachment with an additional section.

SIGNATURE

GNATORE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR.

04/26/96 (20)361-0332