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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with an address.



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 29 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000070921 (0)

LA COSTA REAL ESTATE, INC.

Principal Place of Business Mailing Address 3218 E. ATLANTIC BLVD. 3218 E. ATLANTIC BLVD. POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/12/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0462367 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Ζip Country Country This corporation owes or has paid the current year Intangible Yes ☐ No 24 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SOLKOVITS, LOIS M 3218 E. ATLANTIC BLVD. Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33062 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. VIS DELETE Change Addition 1.1 TITLE TITLE SOLKOVITS, LOIS M NAME 1.2 NAME 3218 E. ATLANTIC BLVD. STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP 1.4 CITY - ST- ZIE DELETE 2.1 TITLE Change ☐ Addition TITLE NAME rettig, peter 2.2 NAME 3117 N.E. MOTH CT. AT FT LAUDERDALE FL 33308 STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2. 4 CITY-ST-ZIF DELETE Addition Change TITLE 3.1 THILE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY-ST-ZIP DELETE Addition TITLE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE \_\_\_ Addition Change TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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