

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90044 009 \*\*\*158.75

**DOCUMENT # P94000029016**

1. Corporation Name

**GULF COAST REALTY MANAGEMENT CORPORATION**

Principal Place of Business

C/O RAYMOND J. MCRORY, ESQ.  
124 CHERRY VALLEY AVE.  
GARDEN CITY NY 11530

Mailing Address

P.O. BOX 3258  
NAPLES FL 34106-3258  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/15/1994**

4. FEI Number

**11-3208551**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.



Yes

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D ARJOMAND, ESKANDAR**

STREET ADDRESS **12 LAKESIDE DRIVE**

CITY-ST-ZIP **RYE NY 10580**

TITLE ☐ DELETE

NAME **D NAZEMIAN, JAHANGIR**

STREET ADDRESS **24 HEATCOTE ROAD**

CITY-ST-ZIP **SCARSDALE NY 10582**

TITLE ☐ DELETE

NAME **P FAIY, MANOU**

STREET ADDRESS **6304 LONG MEADOW RD**

CITY-ST-ZIP **MCLEAN VA 22101**

TITLE ☐ DELETE

NAME **D VAHABZADEH, AHMED**

STREET ADDRESS **AFIWA SA 118 RUE DU RHONE**

CITY-ST-ZIP **1211 GENEVA 3 SW**

TITLE ☐ DELETE

NAME **EVP RABII, FEREDDOON**

STREET ADDRESS **557 TIERRA MAR LN W**

CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ DELETE

NAME **ST MCRORY, RAYMOND J**

STREET ADDRESS **124 CHERRY CALLEY AVE**

CITY-ST-ZIP **GARDEN CITY NY 11530**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

**FEREDDOON RABII**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-2-99**

**941-592 9552**

CR2E034 (1/98)