

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAY -1 AM 9:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000048816 (0)

1. Corporation Name
SILVER COAST REALTY, INC.

Principal Place of Business
86 COASTAL HIGHWAY 88
PANACEA FL 32346

Mailing Address
P.O. BOX 453
PANACEA FL 32346-0453

3. Date Incorporated or Qualified 06/30/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3254836	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> X	\$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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 31 Lighthouse Point
22 City & State	27 LIVE OAK ISLAND
23 Zip	28 CRAWFORDVILLE FL
24 Country	29 32327
25	30 USA

9. Name and Address of Current Registered Agent

CLARK, SUSAN R.
31 LIGHTHOUSE POINT
~~ROUTE 2, BOX 4504-28~~ delete
CRAWFORDVILLE FL 32327

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 *Susan R. Clark* DATE 4-30-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	VCMPSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, RICHARD W	1.2 NAME	
STREET ADDRESS	86 COASTAL HIGHWAY 88	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANACEA FL 32346	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	900002161379--0
STREET ADDRESS		2.3 STREET ADDRESS	-05/01/97--01011--020
CITY-ST-ZIP		2.4 CITY-ST-ZIP	****173.75 ****173.75
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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. 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: *Richard W. Clark* DATE 4-30-97 DAYTIME PHONE # 904/926-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RICHARD W. CLARK

CR2E034 (9/96)