

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
Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90020 042 ***558.75

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DOCUMENT # P94000066873

1. Corporation Name
LA COSTA ESTATES, INC.



Principal Place of Business
**18 BISON RUN
SUITE 301
BIG SKY MT 59716
US**

Mailing Address
**BOX 160278
SUITE 301
BIG SKY MT 59716
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 102 N Swinton Ave
Suite, Apt. #, etc.
22 Delray Beach FL
City & State
23 33444
Zip
Country
25

2a. Mailing Address
26 102 N. Swinton Ave
Suite, Apt. #, etc.
27 Delray Beach FL
City & State
28 33444
Zip
Country
30

3. Date Incorporated or Qualified
09/12/1994

4. FEI Number
65-0531042

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

7. Trust Fund Contribution ☐

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**SCHWARTZ, ROBERT M
5355 TOWN CENTER ROAD
SUITE 301
BOCA RATON FL 33486**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
102 N. Swinton Ave
83
84 City
Delray Beach
FL
85 Zip Code
33444

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARISER, PAUL S	12 NAME	
STREET ADDRESS	7741 BOLO PLACE	13 STREET ADDRESS	102 N. Swinton Ave
CITY-ST-ZIP	CARLSBAD CA 92009	14 CITY-ST-ZIP	Delray Beach FL 33444
TITLE	S	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, SUSAN	22 NAME	
STREET ADDRESS	7741 BOLO PLACE	23 STREET ADDRESS	102 N. Swinton Ave
CITY-ST-ZIP	CARLSBAD CA 92009	24 CITY-ST-ZIP	Delray Beach FL 33444
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Susan Reid Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Susan Reid Secretary

5-5-99 **406 995-4181**
Date Daytime Phone #

CR2E034 (11/98)