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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000041792 (9)

SOUTH COAST INVESTMENTS, INC.

Principal Place of Business

Mailing Address

FILED Mar 26 1998 8:00am Secretary of State



Principal Plac	e or Business	Mailing Address					
1853 VICTORIA AVENUE 1853 VICTORIA AVENUE							
FORT MYERS FL 33901 FORT MYERS FL 33901					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					· · · · · · · · · · · · · · · · · ·		}
a Principal P	lace of Business	2a. Mailing Address			05/26/1995 4. FEI Number	· -	Applied For
	- N. ACCES RD	26 4212 N. AC	425	Rol			Not Applicable
					65-0662602	- 2 <u>+ -</u> -	
					5. Certificate of Status Desired		Additional Required
22 Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z				·	A Stanton Connector Standard		
23 ENGLEWOOD, FI 28 ENGLEWOOD 1			O FI		6. Election Campaign Financing Trust Fund Contribution	•	D May Be d to Fees
Zip	100[60-00 #]			<u> </u>	This corporation owes or has paid the		
24 342	7.4 25 USA	トラ フィーカル ト	Country	12	Personal Property Tax due June 30.		□ No
212	g Name and Address of Current		~,		10. Name and Address of New Register	_	
81 Name							
PARSONS, WADE H					AIRE WALKER		
1853 VICTORIA AVENUE FORT MYERS FL 33901				Street Add	iress (P.O. Box Number is Not Acceptable)	-	
FU	NI MIENO FL 33901		83	751	C TOTAL TESS TO	-	
Í							
			84	City	dewood F	L 85 Zip	4224
dd Durauget	to the provisions of Socions 607 0502	and 607 1509 Florida Statutos	the about	e popped son	poration submits this statement for the purpos		
office or r	egistered agent, or both, in the State of	f Florida. Such change was au	thorized by	y the corpora	ation's board of directors. I hereby accept the	appointment a	s registered
agent. I a	m familia with, and accept the obligat				=	> フマ.	.90
SIGNATURE	Mulle Wa	eace LAIKE	WAL	Ker	ired when reinstating) DAT	· 30°	10
40	Signature, typed of printed name of registered agent OFFICERS AND			ent signature requ	ADDITIONS/CHANGES TO OFFICERS A		YDC IN 10
12.	P OFFICERS AND	DELETE	13.	····	ADDITIONS/CHANGES TO OFFICERS A	Change	
NAME	WALKER, CLAIRE	_ been	1.2 NAME				
	1853 VICTORIA AVENUE		1	1,000000			- 1
STREET ADDRESS	FORT MYERS FL 33901		1.3 STREET				İ
CITY-ST-ZIP TITLE	FORT MIERS PL 33901	DELETE	1.4 CITY-5 2.1 TITLE	SI-ZIP	., ., .,	Change	Addition
				1		Change	Abbillion
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	į į			
CITY-ST-ZIP		TT SECTOR	2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-1	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS]
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP			
TITLE		DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				l
STREET ADDRESS		•	5.3 STREET	ADDRESS			ļ
CITY-ST-ZIP			5.4 City-S				į
TITLE	<u></u>	DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			ļ
1				1			j
CITY-ST-ZIP	artification information according with	this files does not qualify to	6.4 CITY - S		Section 119 07(3)(i) Florida Statutes I further	portific that th	o information

indicated on this annual report or supplied with this timing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic 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 an an attachment with an address.

3-93-98 (94) 4473-4547