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**

FILED Apr 22 1998 8:00am Secretary of State

ATLANTIC COAST EQUIT	ies		
Principal Place of Business Mailing Address	•	_	
101 NRiverside Dr			
i e		DO NOT WRITE IN THIS	SPACE
Ste 206 0 1 -1		3. Date incorporated or Qualified	SI AGE
Pompuno Beach + 1 33062		06-02-95	
2. Principal Pice of Business / 2a. Mailing Address 21		4. FEI Number	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
27		5. Certificate of Status Desired	Fee Required
City & State City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Copolity Zip	Country	8. This corporation owes or has paid the cu	irrent year Intangible
9. Name and Address of Current Registered Agent	1	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
	81 Name	10. Hallo alla Address of New Registered	WBaur
Thomas Gi Kegan			
29 Oragon Lane 82 Street Address		ress (P.O. Box Number is Not Acceptable)	
183			
Booa Katton, F1 33487			
1 00 12	84 City	FL	85 Zip Code
 Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, office or registered agent, or both, in the State of Florida, Such change was aut 	horized by the corporat	poration submits this statement for the numbers	d obposing its registered
agent. I am tamiliar with, and accept the obligations of Section 607.0505, Florid	da Statutes.		, , ,
SIGNATURE Signature, typed or pricted name of registered agent and title it applicable (NOTE F	Registered Agent signisture requir	red when reinstalling) DATE	
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE TRESIDENT	1 1 TATLE		☐ Change ☐ Addition
NAME Thomas G. Keg an	1 2 NAME		
STREET ADDRESS 79 Over ON Have	13 STREET ADDRESS		[,
CITY-ST-21P 15000 Haton 7- 5548	1.4 CITY+ST-ZIP		
TITLE DELETE!	2.1 TOLE		☐ Change ☐ Addition
NAME James, torry, Ton	2.2 NAME		
STREET ADDRESS 3620 LIQUE TO THE ZZZZZZ	2.3 STREET ADDRESS		1
TITLE SECTION DELETE	2 4 CITY-ST-ZIP 31 FILE		Access to the second
300	32 NAME	·	☐ Change ☐ Addition
STREET ADDRESS 79 ONCY ON Lane	33 SIREET ADDRESS		
DITY-ST-ZIP POCCA Raton F1 33487	3.4. CiTY-S1-ZIP		
TITLE DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	4. 2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CIFY - ST - ZIP		// /
TITLE DELETE	5 1 TITLE		Change Addition
NAME	5.2 NAME		6///1~
STREET ADDRESS	5 3 STREET ADDRESS	7/	19/01
OITY-ST-ZIP	5.4 CiTY - ST- ZIP		14-0
TITLE DELETE	6 1 TITLE	8000024967	Ogange Addition
NAME	6.2 NAME	8000024967 -04/22/9801075	003
STREET ADDRESS	6.3 STREET ADDRESS	auto 400 00	

14. I hereby certify that the information sub-indicated on this annual report or supple officer or director of the corporation of the Block 12 or Block 13 if changed, or on a d with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information only annual report is transfer and accurate and that my signature shall have the same legal effect as if made under oath; that I am an reference or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in