## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

{	JMENT # <b>P9500</b> ED COASTAL REALTY, INC.	00057653 (4	)	
Principal Pla	ace of Business	Mailing Address		T HOURDAY THE STATE ONLY BEAUT DEATH COUNT DATED STATE VEILER BUILD BUIL
35 GOLFV	IEW DR	35 GOLFVIEW DR		
TEQUEST	A FL 33469	TEQUESTA FL 33469		
				3. Date Incorporated or Qualified   07/25/1995   3a. Date of Last Report
	Place of Business	2a. Mailing Address		4. FEI Number
21		26		65 0652751 Applied Following
Suite, Ap	t.#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
City & St	ate	City & State		Fee Hequired
23		28		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be
Zıp	Country	Zip	Country	8. This corporation has liability for intangible tax under s 199.032,
24	25	29	30	Florida Statutes Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered Agent
00ph	An 175 An		81 Name	verome R. Zeitler
	ORATE CREATIONS ENTERPRISE	S INC.	82 Street Add	dress (P.O. Box Number is Not Acceptable)
SUITE	PGA BLVD		83	Golfview Drive
	BEACH GARDENS FL 33418		83	
1 Main	DENOTI CANDENS PE 33418		84 City	85 Zip Code
11. Pursuan	t to the provisions of Sections 607.0502	and 607.1508. Florida Statutes	the above-named cornor	eg yesta FL 33469
or regist	ered age/it, or both, in the State of Florid	da. Such change was authorize	d by the corporation's boa	ard of directors. Thereby accept the appointment as registered agent Lam
SIGNATURE	NNIK L. WINES			oration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE	Signature, Med or printed name of registered agent	and title if applicable. [NOTI	:: Registered Agent signature require	ed when reinstating:  DATE
SIGNATURE	Signature, Med or printed harne of regulered agent OPFICERS ANI	and title if applicable. (NOT) D DIRECTORS	:: Registered Agent signature require	ed when reinslating:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE	Signature, Med or printed name of registered agent	and title if applicable. [NOTI	:: Registered Agent signature require 13. 1.1 TITLE	ed when reinstating:  DATE
SIGNATURE  12.  THE	Signature Med or printed name of registered agent OPPICERS ANI D President ZEITLER, JEROME R	and title if applicable. (NOT) D DIRECTORS	13. 1.1 TITLE 1.2 NAME	ed when reinslating:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE  12. THLE NAME	Signature Med or proted name of registered agent OPPICERS AND D President ZEITLER, JEROME R	and title if applicable. (NOT) D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinslating:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE  12. THE NAME STREET ADDRESS	Signature Med or printed harne of regulated agent OPPICERS ANI D	and title if applicable. (NOT) D DIRECTORS	13. 1.1 TITLE 1.2 NAME	ed when reinslating:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
SIGNATURE  12. THE NAME STREET ADDRESS CITY-ST-ZIP	Signature Med or printed harne of regulated agent OPPICERS ANI D	and title if applicable. PNOTI D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP	ed when reinsteing:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
SIGNATURE  12. THE NAME STREET ADDRESS CITY_ST-ZIP HILE	Signature Med or pointed name of regitered agent OPHCERS AND D & President ZEITLER, JEROME R 35 GOLFVIEW DR TEQUESTA FL 33469	and title if applicable. PNOTI D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 TITLE	ed when reinsteing:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
SIGNATURE  12.  THE  NAME  STREEL ADDRESS CHY-SI-ZIP  HILLE  NAME  SIRFEL ADDRESS CHY-SI-ZIP	Signature Med or pointed name of regitered agent OPHCERS AND D & President ZEITLER, JEROME R 35 GOLFVIEW DR TEQUESTA FL 33469	and the if applicable. PNOTI D DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ed when reinsteing:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

GNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED BY ME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_\_