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 # P96000103810 (3)

BI-COASTAL REALTY INC.

Principal Place of Business Mailing Address

FILED Mar 24 1998 8:00am Secretary of State



-3000-8-SEMBRAN-BLVD-#800- ORLANDO FL 32822		3936 S SEMORAN BLVD #380 ORLANDO FL 32822		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 12/27/1996
	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21 25 33	3 Shadybranch Dr.	26		59-34 16887 Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired See Required
City & State	N.DO, FL	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24 3282	Country	Z(p 30	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No
	9. Name and Address of Current		1	10. Name and Address of New Registered Agent
MORRISON, GORDON A				ne
3886 O GEMORAN BLYD-#360 2533 Shadybranch Dr. 62 ORLANDO FL 32822				et Address (P.O. Box Number is Not Acceptable)
			83	
			84 City	FL 85 Zip Code
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	Signature, Typed or printed name of registered agent	Morrison		sture required when reinstating) DATE DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELET E	1.1 TITLE	☐ Change ☐ Addition
NAME	MORRISON, GORDON A		1.2 NAME	
STREET ADDRESS	MUNNISON, GUNDON A	7-Shodybrevich Dr	1.3 STREET ADDRES	ss
CITY-ST-ZIP	ORLANDO FL 32822		1.4 CITY-ST-ZIP	
TITLE		DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME)			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRES	ss
CITY-ST-ZIP		I locuste	2. 4 CITY - ST - ZIP	
TITLE		L.] DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRES	SS
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP	Change Addition
TITLE		[] NETCIE	4.1 TITLE	Change C Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRES	
CITY-ST-ZIP		DELETE	4.4 C(TY-ST-ZIP 5.1 T(TLE	Change Addition
TITLE			5.2 NAME	Crango
NAME CORECT ADDDCCC			5.2 NAME 5.3 STREET ADDRES	ec
STREET ADDRESS				33
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
NAME		tend Separa	6.2 NAME	Land Francisco
STREET ADDRESS			6.3 STREET ADDRES	20
1				~
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. Thereby 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 chapted, or on an attachment with an address.