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 Aug 26 1998 8:00am Secretary of State

	MENT # P97000 DA EAST COAST, CORP.	0001331 (2)		
Principal Plac	ce of Business	Mailing Address			III AAIBI VIBNE JAIAN ILIAI IIAI IANI
	dan St reet	4601 SHERIDAN STREE	T		
SUITE 202 SUITE 202 HOLLYWOOD FL 33021 HOLLYWOOD FL 3302		•	DO NOT WRITE IN T	LIIE EDACE	
HOLLIWOO	D FL 33021	HOLLYWOOD FL 33021		3. Date Incorporated or Qualified	MIS SPACE
ļ				12/31/1996	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		11-2671841	Not Applicable
h-a		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27				J. Commodic of Standard Desired	Fee Required
City & Sta	NO.	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	[28] Zip	Country	Trust Fund Contribution	
24	25	29	30	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
	9, Name and Address of Current		160	10. Name and Address of New Registe	
S	CHILLINGER, LEE H		81 Name		
4601 SHERIDAN STREET SUITE 202			82 Street Ad-	dress (P.O. Box Number is Not Acceptable)	
} H∙	OLLYWOOD FL 33021		83		
1			84 City		85 Zip Code
					FL
office or agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obligation of the state	itions of, Section 607.0505, F	authorized by the corpori lorida Statutes. 1E: Registered Agent signature req	proration submits this statement for the purpo- ation's board of directors. I hereby accept the	appointment as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PST	DELETE	1.1 TITLE		Change Addition
NAME	SCHORR, SHELDON		12 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		} }
CITY-ST-ZIP	OLD WESTBURY NY 11568	· · · · · · · · · · · · · · · · · · ·	1.4 CITY-ST-ZIP		
TITLE	CCHODD MONA	☐ DELETE	2.1 TOTLE		Change Addition C
NAME	SCHORR, MONA 22 RED GROUND ROAD		2.2 NAME		
STREET ADDRESS	OLD WESTBURY NY 11568		2.3 STREET ADDRESS		
CITY-ST-ZIP	OLD WESTBORT IN TISSB	DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE NAME	}		3.1 TITLE 3.2 NAME		L Change L Adunion
STREET ADDRESS	1		3.3 STREET ADDRESS		
CITY-ST-ZIP	l		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME	1		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City-ST-ZIP	1		4.4 CITY - ST - ZiP		
TITLE		DELETE	5.1 TITLE	500002625	Ghange Addition
NAME			5.2 NAME	500002625 -08/26/9801026-	- n 34
STREET ADDRESS	1		E O CARLEY TOURSON		901
J			5.3 STREET ADDRESS	***150.00	1
CITY - ST - ZIP			5.4 City-St-Zip	***150.00	
TITLE		DELETE	1	***150,00	Change Addition
		DELETÉ	5.4 C(TY - ST - Z(P	***150.00	
TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	***150.00	

4. 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 trustine empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change 1, or 1 and 1 chapter 1 and 1 change 1.

SIGNATURE:

3/3/98

888 6865328