## 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 # P97000074870 (1)

ALL COAST REALTY, INC.

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Principal Place of Business Mailing Address 1232 MARKET CIRCLE, UNIT 3-C 1232 MARKET CIRCLE, UNIT 3-C PORT CHARLOTTE FL 33953 PORT CHARLOTTE FL 33953 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/28/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JACKSON, GEORGE 1232 MARKET CIRCLE, UNIT 3-C Street Address (P.O. Box Number is Not Acceptable) **PORT CHARLOTTE FL 33953** 83 84 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 and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE PD 1.1 TITLE Change Addition NAME HUNT, BARBARA 1.2 NAME 1232 MARKET CIRCLE, UNIT 3-C STREET ADDRESS 1.3 STREET ADDRESS **PORT CHARLOTTE FL 33953** CITY-ST-ZIP 14 CITY-ST-ZIP DELETE \_\_\_ Change Addition TITLE 21 TITLE FAVARA, ANGELO NAME 2.2 NAME 1232 MARKET CIRCLE, UNIT 3-C STREET ADDRESS 23 STREET ADDRESS **PORT CHARLOTTE FL 33953** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE ... Change Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition 5.1 TITLE Change TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 61 TOLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I hereby 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 changed, and an attachment with an address.

CICNIATURE

RP-01-48

**FILED** 

Apr 30 1998 8:00am

Secretary of State