

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90086 044 ***150.00

DOCUMENT # P99000009471

1. Entity Name

SOUTH COAST REALTY GROUP, INC.

Principal Place of Business

2758
2700 W. ATLANTIC BOULEVARD, #200-#26
 POMPANO BEACH FL 33069

Mailing Address

2758
2700 W. ATLANTIC BOULEVARD, #200-#26
 POMPANO BEACH FL 33069-5708

2. Principal Place of Business

2758 W. ATLANTIC BLVD.
 Suite, Apt. #, etc.
#26

3. Mailing Address

2758 W. ATLANTIC BLVD.
 Suite, Apt. #, etc.
SUITE 26

City & State
POMPANO BEACH, FL

Zip
33069 Country
BROWARD

City & State
POMPANO BEACH, FL

Zip
33069 Country
BROWARD

4. FEI Number
65-0889714

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEWIS, CHRIS J
2758 2700 W. ATLANTIC BOULEVARD, #200-#26
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT	<input type="checkbox"/> Delete
NAME LEWIS, CHRIS J	
STREET ADDRESS 2700 W. ATLANTIC BOULEVARD, #200-#26	
CITY-ST-ZIP POMPANO BEACH FL 33069	
TITLE CFO	<input type="checkbox"/> Delete
NAME LAWRENCE E. SMITH	
STREET ADDRESS 2758 W. ATLANTIC BLVD #26	
CITY-ST-ZIP POMPANO BEACH, FL 33069	
TITLE SECRETARY	<input type="checkbox"/> Delete
NAME JEANNE M. STROBEK	
STREET ADDRESS 2758 W. ATLANTIC BLVD #26	
CITY-ST-ZIP POMPANO BEACH, FL 33069	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE E. SMITH - CFO - 1-8-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)