

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S77976** (6)

1. Corporation Name
AMERICOAST OF SOUTH FLORIDA, INC.



Principal Place of Business

1901 NW 18TH ST.
BLVD., D1, SO.
POMPANO BEACH FL 33069
US

Mailing Address

1901 NW 18TH ST.
BLDG. D1, SO.
POMPANO BEACH FL 33069
US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	09/05/1991	08/04/1995
22	27	4. FEI Number	Applied For
City & State	City & State	65-0288675	Not Applicable
23	28	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Zip	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	29	6. Election Campaign Financing	Trust Fund Contribution
Country	Country	<input type="checkbox"/>	<input type="checkbox"/>
25	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

YOUNG, PATRICIA
1901 NW 18TH ST.
BLDG. D1, SO.
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
850 NE 23 AVE
83
84 City
Pompano Beach FL
85 Zip Code
33062

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 then it applies.

(607.1508) Registered Agent Signature required when not stating.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
NAME	850 NE 23 AVE	1.2 NAME	
STREET ADDRESS	POMPANO BCH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	Change Addition
NAME	850 NE 23 AVE	2.2 NAME	
STREET ADDRESS	POMPANO BCH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	Change Addition
NAME	850 NE 23 AVE	3.2 NAME	
STREET ADDRESS	POMPANO BCH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE:

Patricia A. Young
Patricia A. Young - Sam 3/29/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954/969-1158

DATE DAY-MON-YY

CR2E034 (12/95)