🗻 FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION ANNUAL REPORT Secreta of State-FILED DIVISION OF DRIVING 1997 97 JUL 31 AM 8: 24 DOCUMENT # SHUMETARY OF STATE TALLAHASSEE, FLORIDA South Florida, Inc. Ameriacoast Principal Place of Business Mairing Address 3. Date Incorporated or Qualified 3a. Date of Last Report 9-5-91 3-29-96 2. Principal Place of Business Applied For 1188-1190 SW1 stlvar 117 N W 26 6*50*28867 Not Applicable Suite Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199,032. 24 Yes No Florida Statutes 10. Name and Address of New Registered Agent Young, Patricia 81 Name Street Address (P.O. Box happens 1177 parties 5 3 5 5 3 5 - 0 1 1 0 3 - 0 1 2 82 Pompano Bch, F1. 33064 83 ****165.00 ****165.00 84 City Zip Code 85 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or pented harve of registered agent and the if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELFTE TITLE 1.1 HILE 4 Change Addition NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRES om Pano But, F/ 33064 CITY-ST-ZIP 4 CITY - ST - 7IP TITLE DELÉTE Addition ing, Ken B. NAME 2.2 NAME 117 NW SUCT STREET ADDRESS 2.3 STREET ADDRESS Pom Pano Bch, Fl. 3306 V CITY-ST-ZIF 4 C+TY - S1 - 716 NAME 3 2 <u>NAMC</u> 17 NW SOCH STREET ADORESS 3 3 STREET ADDRES Pompano Bch, F/ 33065 CITY-ST-ZIP 4. CITY - \$1 - 7/P 4 1 11116 Change Addition NAME . 4 2 NAME STREE! ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CH1Y - ST - ZIP DLLETE ThirE 51 THLE ___ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY+ST ZIP DELETE TITLE 6.1 1006 Change Addition 6.2 NAM6 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST-7IP 14. If do hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I follow certily that the information indicated on this armual report or supplemental armual report is true and accurate and that my signature shall have the same legal effect as if made under or I am an officer or director of the corporation or the receiver or trusted 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.

Treasures 7/21/97 954/480-2686

Pg.2



117 N.W. 50th Court Pompano Beach, FL 33064 (954) 480-2686

June 24, 1997

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Document #S77976

To Whom It May Concern:

It has come to my attention that the Corporation Annual Report for 1997 was never received at our office. Since our move in 1996 there have been several items of mail that had not been forwarded to our new address.

I am requesting that the Annual Report form be sent to:

Ameriacoast of South Florida, Inc. 117 NW 50th Court Pompano Beach, Florida, Inc.

Thank you for your assistance.

Sincerely,

Patricia A. Young

Secretary/Treasurer