

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V69975** (3)

1. Corporation Name
SOUTH COAST INTERIORS, INC.



Principal Place of Business: **4491 NW 36TH ST. SUITE D MIAMI SPRINGS FL 33166 US**
Mailing Address: **4491 NW 36TH ST. SUITE D MIAMI SPRINGS FL 33166 US**

3. Date Incorporated or Qualified: **10/05/1992**
3a. Date of Last Report: **04/07/1995**
4. FEI Number: **65-0366015**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 **3415 N.E. 12 TERR.**
22 City & State: **Ft. Lauderdale, FL.**
23 Zip: **33324**
24 Country: **BR**
25 Country: **Roway**
26 Mailing Address: **SAME**
27 City & State:
28 Zip:
29 Country:

9. Name and Address of Current Registered Agent
LOFARO ANNE
4491 NW 36TH ST
SUITE D
MIAMI SPRINGS FL 33166

10. Name and Address of New Registered Agent
81 Name: **NEW ADDRESS LOFARO, ANNE**
82 Street Address (P.O. Box Number is Not Acceptable): **3415 N.E. 12 TERR.**
83
84 City: **Ft. Lauderdale FL** 85 Zip Code: **33324**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOFARO, ANNE	1.2 NAME	LOFARO, ANNE
STREET ADDRESS	4491 NW 36TH ST #D	1.3 STREET ADDRESS	3415 NE. 12 TERR
CITY-ST-ZIP	MIAMI SPRINGS FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33324
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, TRELIA	2.2 NAME	ADAMS, TRELIA A.
STREET ADDRESS	4491 NW 36TH STREET #D	2.3 STREET ADDRESS	3415 NE. 12 TERR.
CITY-ST-ZIP	MIAMI SPRINGS FL	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33324
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Trelia A. Adams** DATE: **4/1/96** DAYTIME PHONE: **954-564-7870**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)