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Apr 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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: **3415 N.E. 12TH TERRACE SUITE D FT. LAUDERDALE FL 33334 US**

Mailing Address: **3415 N.E. 12TH TERRACE SUITE D FT. LAUDERDALE FL 33334-4527 US**

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-29)

3. Date Incorporated or Qualified: **10/05/1992**

3a. Date of Last Report: **04/22/1996**

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

9. Name and Address of Current Registered Agent

**LOFARO ANNE  
3415 N.E. 12TH TERRACE  
SUITE D  
FT. LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent

81 Name: **ADDRESS CHANGE ONLY**

82 Street Address (P.O. Box Number is Not Acceptable): **604 TIDEWATER WAY**

83

84 City: **DEERFIELD BEACH FL** 85 Zip Code: **33442**

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 reinstalling)

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>LOFARO, ANNE</b>	
STREET ADDRESS	<b>3415 N.E. 12TH TERRACE</b>	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>ADAMS, TRELLA</b>	
STREET ADDRESS	<b>3415 N.E. 12TH TERRACE</b>	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DPS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ANNE LOFARO</b>	
1.3 STREET ADDRESS	<b>604 TIDEWATER WAY</b>	
1.4 CITY - ST - ZIP	<b>DEERFIELD BEACH, FL 33442</b>	
2.1 TITLE	<b>DT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>ADAMS, TRELLA</b>	
2.3 STREET ADDRESS	<b>604 TIDEWATER WAY</b>	
2.4 CITY - ST - ZIP	<b>DEERFIELD BEACH, FL 33442</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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, or on an attachment, with an address.

SIGNATURE: *Anne Lofaro* **4/1/97** **954-5647870**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)