FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V69975

(3)

SOUTH COAST INTERIORS, INC.

FILED Apr 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address			-		t 1804 Olibië Olio Wasa 1904 and Olibe Blatt Diati and I diati		
3415 N.E. V2TH TERRACE SUITE D FT. LAUDERDALE FL 33334		SUITE D			DO NOT WRITE IN THIS SPACE		
US LAUDERDA	ME IL 33334	US	FT. LAUDERDALE FL 33334 US		3. Date Incorporated or Qualified		
					10/05/1992		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For		
2. Principal Place of Business 21. 2/2/8 St. ANDARWS BLUES 22. Mailing Address 23. Mailing Address 27. Mailing Address			MR		NOT APPLICABLE Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State City & State City & State 28					B. Election Cempaign Financing Trust Fund Contribution Added to Fees		
			Country	•	8. This corporation owes or has paid the current year Intangible		
24 33 433 25 Pq/m B 29 30 9. Name and Address of Current Registered Agent			30]		Personal Property Tax due June 30. Yes No		
100		it negistered Agent	81	Name	10, Name and Address of New Registered Agent		
l	LOFARO ANNE						
604 TIDEWATER WAY DEERFIELD BEACH FL 33442			82	Street	nt Address (P.O. Box Number is Not Acceptable)		
			83				
			84	City	FL 85 Zip Code		
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 typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating): DATE							
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
FITLE	DPS	DELETE	1.1 TITLE		DIRECTOR, PRESIDENT Change Addition		
NAME	LOFARO, ANNE		1.2 NAME		ANNE COTAPO		
STREET ADDRESS	604 TIDEWATER WAY		1.3 STREE	ADDRESS	604 TIDOWATER WAX		
CITY-ST-ZIP	DEERFIELD BCH FL		1.4 CITY-	ST-ZIP	Deeofield Bel, Fl. 33442		
TITLE	DT	☐ DELETE	21 TITLE		DIRACTOR, SECRETARY, TREAS & Change Addition TRELLA DAMS		
NAME	ADAMS, TRELLA		2.2 NAME		TRELIMADAMS		
STREET ADDRESS	604 TIDEWATER WAY		2.3 STREET	ADDRESS	beectield Bet. Fl. 33442		
CITY-ST-ZIP	DEERFIELD BCH FL	T DELETE	2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change Addition		
NAME			3.2 NAME	1000000			
STREET ADDRESS				ADDRESS)		
CITY-ST-ZIP TITLE			3.4. CITY - 4.1 TITLE	SI-ZIP	Change Addition		
NAME	- ■ ""		4.1 MILE				
STREET ADDRESS				ADDRESS			
CITY - ST - ZIP			4.4 CiTY-1	-			
TITLE		DELETE 5.11			Change Addition		
NAME			5.2 NAME				
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE			6.1 TITLE	······································	Change Addition		
NAME			6.2 NAME		_		
STREET ADDRESS				ADDRESS			
CITY ST-ZIP			6.4 CITY				
	ertify that the information supplied v	vith this filing does not qualify fo			ed 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.