

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 # **V70851**

(3)

1. Corporation Name

SOUTH COAST FINANCE, INC.



Principal Place of Business

% JAMES R. KAY, P.A.
2000 PALM BEACH LAKES BLVD., STE 1002
WEST PALM BEACH FL 33409

Mailing Address

% JAMES R. KAY, P.A.
2000 PALM BEACH LAKES BLVD., STE 1002
WEST PALM BEACH FL 33409

3. Date Incorporated or Qualified
10/14/1992

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 c/o James R. Kay, P.A.

26 c/o James R. Kay, P.A.

4. FLE Number
65-0367754

Applied For
Not Applicable

22 Suite, Apt. #, etc.
580 Village Blvd., Ste. 160

27 Suite, Apt. #, etc.
580 Village Blvd., Ste. 160

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 City & State
West Palm Beach, FL

28 City & State
West Palm Beach, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip Country
33409 USA

29 Zip Country
33409 USA

8. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAY, JAMES R P.A.
2000 PALM BEACH LAKES BLVD., SUITE 1002
WEST PALM BEACH FL 33409

81 Name

82 Street 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 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent, if different from above)

(Signature typed or printed name of new registered agent, if any)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PSTD**
STREET ADDRESS **MOELLER, KLAUS**
CITY-STATE-ZIP **% 2000 PALM BEACH LAKES BLVD STE 1002**
WEST PALM BEACH FL 33409

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☒ Change ☐ Addition
NAME **PSTD**
STREET ADDRESS **Moeller, Klaus**
CITY-STATE-ZIP **c/o 580 Village Blvd., Ste. 160**
West Palm Beach, FL 33409

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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)(a), 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 registered 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 unchanged, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/10/96 407.692.8189

CP2E034 (12/95)