

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

FILED

Feb 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V70851** (3)  
1. Corporation Name  
**SOUTH COAST FINANCE, INC.**



Principal Place of Business	Mailing Address
<del>W. JAMES R. KAY, P.A.</del>	<del>W. JAMES R. KAY, P.A.</del>
<del>580 VILLAGE BLVD., STE 160</del>	<del>580 VILLAGE BLVD. STE 160</del>
<del>WEST PALM BEACH FL 33409</del>	<del>WEST PALM BEACH FL 33409</del>

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 c/o James R. Kay, Esq.		26 c/o James R. Kay, Esq.		10/14/1992	
Suite, Apt. #, etc. Suite 900 East		Suite, Apt. #, etc. Suite 900 East		4. FEI Number	
22 777 S. Flagler Dr.		27 777 S. Flagler Dr.		65-0367754	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 West Palm Beach, FL		28 West Palm Beach, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 33401	25 US	29 33401	30 US		

g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<del>KAY, JAMES R. P.A.</del>		81 Name Akerman, Senterfitt & Eidson, P.A.	
<del>580 VILLAGE BLVD.</del>		Attn: James R. Kay, Esquire	
<del>160</del>		82 Street Address (P.O. Box Number is Not Acceptable)	
<del>WEST PALM BEACH FL 33409</del>		777 South Flagler Drive	
		83 Suite 900 East Tower	
		84 City West Palm Beach, FL	
		85 Zip Code 33401	

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 *James R. Kay* 1-20-98  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOELLER, KLAUS	1.2 NAME	
STREET ADDRESS	<del>W. JAMES R. KAY, P.A.</del>	1.3 STREET ADDRESS	777 S. Flagler Dr., Suite 900 East
CITY-ST-ZIP	<del>WEST PALM BEACH FL 33409</del>	1.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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 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 in an attachment with an address.

SIGNATURE: *Klaus Moeller* Klaus Moeller, President 1-29-98 561-659-5990

CR2E034 (10/97)