

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 26, 1999 8:00 am
Secretary of State

08-26-1999 90004 040 ***150.00

0071548

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # V70851

1. Corporation Name

SOUTH COAST FINANCE, INC.

Principal Place of Business

% JAMES R KAY, ESQ
777 S FLAGLER DR #900 East Tower
WEST PALM BEACH FL 33401
US

Mailing Address

% JAMES R KAY, ESQ
777 S FLAGLER DR #900 East Tower
WEST PALM BEACH FL 33401
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1992

4. FEI Number

65-0367754

Applied For

Not Applicable

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 owes the current year
Intangible Personal Property.

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

#900 East Tower

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

#900 East Tower

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**AKERMAN, SENTERFITT & E P
ATTN: JAMES R KAY, ESQ
777 S FLAGLER DR #900 EAST TOWER
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

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 607.1508, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	MOELLER, KLAUS	
STREET ADDRESS	777 S FLAGLER DR #900 E	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/99

Date

561-659-5990

Daytime Phone #

CR2E034 (5/99)

AKERMAN, SENTERFITT & EIDSON, P.A.

ATTORNEYS AT LAW

PHILLIPS POINT EAST TOWER
SUITE 900
777 SOUTH FLAGLER DRIVE
WEST PALM BEACH, FLORIDA 33401
(561) 659-5990
FACSIMILE (561) 659-6313

Y70851
609678-90004-40

August 20, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: South Coast Finance, Inc. - 1999 Annual Report Filing

Dear Sirs:

Pursuant to my conversation on July 7, 1999 with your representative Danielle, I have enclosed herewith the completed 1999 Annual Report for South Coast Finance, Inc., along with this firm's trust account check in the amount of \$150 for the filing fee. As we never received the first notice for this corporation, Danielle stated that we should send this letter along with the completed form for filing and that the fee is \$150 (instead of \$550). I have made changes on the form to reflect our suite number (which is missing on the form). Please be certain that these changes are made so that we timely receive the form next year. The reason for the delay in submitting this form (from July 7 to August 20) is due to the fact that the President/Treasurer/Secretary/Director of South Coast Finance, Inc. resides in Germany and was on holiday when the form was forwarded to him for signature. Immediately upon his return he signed and returned the form to us and we are therefore now forwarding the completed form and payment to you at this time. If you have any questions, please do not hesitate to contact me. Thank you for your assistance in this matter.

Sincerely yours,

Claudette Burdine

Claudette Burdine
Secretary to James R. Kay

/cb

Enclosure(s)

cc: Mr. Klaus Moller (by telecopy - letter only)
James R. Kay, Esquire
Sherry Wertz, Legal Assistant