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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 435070

CORAL CADILLAC, INC.

FILED Feb 10, 1999 8:00am **Secretary of State**

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Principal	Place of Business				ÎBÎN BIBÎN BIBN BIBN BIBN BIBN BIBN I
	EDERAL HWY	Mailing Address			
POMPANO	BEACH FL 33064	5101 N. FEDERAL HW	Υ	A STATE OF THE STA	conceirace mante midit Albit Midit il
	DEMON PE 33004	POMPANO BEACH FL	33064	· ·	I i
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2 0				3. Date Incorporated or Qualifed	DIS SPACE
Z. Princip	al Place of Business	2a. Mailing Address		10/17/1973	
21				4. FEI Number	
Suite, A	Apt. #, etc.	26		•	Applied For
22		Suite, Apt. #, etc.		<u>59-1565757</u>	Not Applicable
City & S	State	[27]		5. Certifcate of Status Desired	CO 75
23		City & State	<u></u>	5. Soluticate of Status Desired	\$8.75 Additional
		28		6. Election Campaign Financing	Fee Required
Zip	Country	Zip		Trust Fund Contribution	\$5.00 May Be
24	25	<u>├</u> ─ '	Country	e This	
	9. Name and Address of Co.	29	30	8. This corporation owes the current year I.	ntangible
·	9. Name and Address of Cur	rent Registered Agent		relected Floberty 185	
i Dii	itman, robert		81 Name	10. Name and Address of New Registered	1 Agent
50	1 EACT ATI AND A		Name		- Capill
30	1 EAST ATLANTIC AVENUE		82 Street	Address (B.O. B.	i
) DE	LRAY BEACH FL 33444			Address (P.O. Box Number is Not Acceptable)	
1			83		
44 6			84 City		
11. Pursuan	t to the provisions of Sections 607 05	502 and 607 1500 Fi	'	- ** · · · · · · · · · · · · · · · · · ·	85 Zin Code
agent. [a	am familiar with and both, in the State	e of Florida, Such change was	tes, the above-named	Corporation submits this	• (
agent. 1	am familiar with, and accept the oblig	e of Florida. Such change was a gations of, Section 607.0505. Fir	tes, the above-named authorized by the corpo	corporation submits this statement for the purpose of	changing its registered
agent. I a	am familiar with, and accept the oblig	e of Florida. Such change was a pations of, Section 607.0505, Flo	ites, the above-named authorized by the corporida Statutes.	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appoint	changing its registered
	Signature, typed or printed name of registered eg-	ent and title if applicable			changing its registered
12.	Signature, typed or printed name of registered ag-	ent and title if applicable	: Registered Agent signature re-	quired when reinstation).	changing its registered
12. TITLE	Signature, typed or printed name of registered age OFFICERS A	ent and title if applicable. (NOTE ND DIRECTORS	Registered Agent signature red	quired when reinstating)	
12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS A	ent and title if applicable	: Registered Agent signature re-	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	
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12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS AI P BERIAN, CHRISTIAN 5101 N FED HWY	ent and title if applicable. (NOTE ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	
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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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

IGNATURE:

1-18.99

(954)426 18W