## 3-12-98 B- 3136 - C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1998 DIVISION OF 0 DOCUMENT # P95000095515 (9)

## FILED Mar 12 1998 8:00am Secretary of State

	TO COAST APARTMENT M	OVERS, INC.			
Principal Plac	ce of Business	Mailing Address		a semandra tim imidi missi abali dibiti gesti	MM.LIN IMIMI MISMI MISMI SIMAL ASSI (MR)
735 CHESAPEAKE DRIVE TARPON SPRINGS FL 34689		735 CHESAPEAKE DRIVE TARPON SPRINGS FL 34889		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				12/18/1995	
	Place of Business	2a. Mailing Address	٠ ٨ -	4. FEI Number	Applied For
21 1 B Suite, Apt	Ayweed Dr.	26 1 B4ywoo Suite, Apt. #, etc.	d DC	59-3349756	Not Applicable
22 PALA	4 Harbor Ft	27 PAIM 1/AT	por Ft	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State	h. Ci	6. Election Campaign Financing	\$5.00 May Be
23   PA   A Zip	N HALDOL FC,	28 PAIN HAC	Country	Trust Fund Contribution	Added to Fees
24 3468	_ ′		30 Pivellas	<ol> <li>This corporation owes or has paid Personal Property Tax due June 3</li> </ol>	
24 276 B	p. Name and Address of Current		30 F1W CNN 2	10. Name and Address of New Reg	
TLI	E LAW FIRM OF LAWRENCE J SE	<del></del>	81 Name		
	IE LATT FIRM OF LATTRETTOE 3 ST 3 ALMERIA AVENUE	TEGEL CHAID			<del>.                                    </del>
	ORAL GABLES FL 33134		82 Street Add	lress (P.O. Box Number is Not Acceptable	9)
00	MAR GROSEO I COMO		B3		
			84 City		FL 85 Zip Code
office or	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligat	i and 607.1508, Florida Statute of Florida. Such change was at	is, the above-named corp uthorized by the corpora	poration submits this statement for the pu ition's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
agent. I a					
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOTE:	: Registered Agent signature requi	ired when reinstating)	DATE
SIGNATURE	Signature, typed or proded name of registered agen OFFICERS AND	rand little if applicable (NOTE:	Rogistered Agent signature requi		DATE
SIGNATURE  12.  TITLE	Signature, typed or proded carrier of registered agen OFFICERS AND	t and title if applicable (NOTE:	Rogistered Agent signature requirements 13.	ired when reinstating)	DATE ERS AND DIRECTORS IN 12
SIGNATURE  12. TITLE NAME	Signature, typed or product name of registered agen- OFFICE HS AND PD ACKLEY, JESSE	rand little if applicable (NOTE:	Registered Agent signature requirements 13. 1.1 TITLE 1.2 NAME	ired when reinstating)	DATE ERS AND DIRECTORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or product carrier of represented agree OFFICE RS AND PD ACKLEY, JESSE 735 CHESAPEAKE DRIVE	rand little if applicable (NOTE:	Rogistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ired when reinstating)	DATE ERS AND DIRECTORS IN 12
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I. 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 informatio indicated on this annual report or suppliemental 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: Les

ann

3-6-98

(813) 934-1330