

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

FILED

**Feb 10 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Wertham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000037264 (3)
1. Corporation Name
FLORIDA COAST LIGHTING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1300 CORAL WAY, SUITE 300 MIAMI FL 33145
Mailing Address: 1300 CORAL WAY, SUITE 300 MIAMI FL 33145

3. Date Incorporated or Qualified: **04/24/1997**

4. FEI Number: **65-0785302** 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: **SAME AS ABOVE**
2a. Mailing Address: **SAME AS ABOVE**

21. Suite, Apt #, etc.
22. City & State
23. Zip Country
24. 25.

26. Suite, Apt #, etc.
27. City & State
28. Zip Country
29. 30.

9. Name and Address of Current Registered Agent
SOUVAY, FRANCOIS X WILLIAM E. PIND
8004 S.W. 149TH AVENUE, APT. #C-411
MIAMI-FL 33193

10. Name and Address of New Registered Agent

81. Name: **WILLIAM E. PIND**

82. Street Address (P.O. Box Number is Not Acceptable): **102 N. PROSPECT DR**

83.

84. City: **CORAL GABLES** FL 85. Zip Code: **33133**

11. Pursuant to the provisions of Sections 607.0509 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]* **WILLIAM E. PIND** **2-3-98**
Signature, typed or printed in block letters, and the date, if available. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTSD	<input checked="" type="checkbox"/> DELETE
NAME	SOUVAY, FRANCOIS X	
STREET ADDRESS	8004 S.W. WAY, SUITE 300	
CITY-ST-ZIP	MIAMI FL 33145	
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	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WILLIAM E. PIND	
1.3 STREET ADDRESS	102 N. PROSPECT DR	
1.4 CITY-ST-ZIP	CORAL GABLES FL 33193	
2.1 TITLE	FABRICE PELEGRIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SECRETARY	
2.3 STREET ADDRESS	10440 S.W. 156 CT # 729	
2.4 CITY-ST-ZIP	MIAMI, FL 33196	
3.1 TITLE	SCOTT STEPHAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TREASURER	
3.3 STREET ADDRESS	3405 PINEWALK DR NORTH # 206	
3.4 CITY-ST-ZIP	MARGATE, FL 33063	
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; that the registered office or office 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 alternate page with an address.

SIGNATURE: *[Signature]* **WILLIAM PIND / PRES** **1-20-98** **905-858-3434**

CR2E004 (10/97)