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

DOCUMENT # P97000056777 (0)

COASTAL CUISINE, INC.

Principal Place of Business

Block 12 or Bla

Mailing Address

FILED Apr 23 1998 8:00am Secretary of State



C/O STEPHEN J. MITCHELL. ESO. 201 N. FRANKLIN STREET. SUITE 2100 C/O STEPHEN J. MITCHELL. ESQ. 201 N. FRANKLIN STREET, SUITE 2100 DO NOT WRITE IN THIS SPACE **TAMPA FL 33602 TAMPA FL 33602** 3. Date Incorporated or Qualified 06/27/1997 28. Mailing Address 26. C/o Stephen J. Mitchell 2. Principal Place of Business 1620 Gulf of Mexico Dr. Applied For 65-0779698 Not Applicable Suite, Apt. #, etc. P.O. Box 3433 Sulte, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State Longboat Key, Florida 6. Election Campaign Financing \$5.00 May Be Tampa, FL Added to Fees Trust Fund Contribution Country USA Country Zip 8. This corporation owes or has paid the current year Intangible 33601 Personal Property Tax due June 30. XXYes USA 24 34228 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KLAUBER, MURRAY J. 1620 GULF OF MEXICO DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) LONGBOAT KEY FL 34228 83 84 City 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE P/S/T Change X Addition TITLE 1.1 TITLE KLAUBER, MURRAY J 1.2 NAME NAME 1620 GULF OF MEXICO DR. STREET ADDRESS 1.3 STREET ADDRESS LONGBOAT KEY FL 34228 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TULE WOLVERTON, MORTON E NAME 2.2 NAME STREET ADDRESS 234 KETCH LN. 2.3 STREET ADDRESS L**on**gboat key FL 34228 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE ROSKAMP, ROBERT G 3.2 NAME NAME 1401 MANATEE AVE. W., STE. 800 STREET ADDRESS 3.3 STREET ADDRESS **BRADENTON FL 34205** CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change ■ Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 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 of supplemental about a 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 copy into or the receiver in trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in supplemental argual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an on or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in or on an attack pent with 40 address. 120/06 941/383-47419

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