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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

| | | 140 | DIVISION OF | | | | | |
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| DOCU 1. Corporatio | MENT # on Name | V3449 | 4 (7) | | | ĺ | | |
| THE | COCONUT BAF | R, INC. | | | | # !## # # # # # # # | | |
| Principal Place | e of Business | | Mailing Address | - | | | | |
| 4090 SALE | | | - | | | | | |
| | NO FL 34992 | | P.O. BOX 235 Pt. Salerno Fl 349 | 992 | | | | |
| | | | | | | 3. Date Incorporated or Qualified 05/07/1992 | 3a. Date of Le 04/25 | |
| 1 | lace of Business | | 2e. Mailing Address 26 | | | 4. FEI Number 65-0336240 | | Applied For Not Applicable |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | 1 1 | .75 Additional se Required |
| City & State | e | | City & State | | | Election Campaign Financing Trust Fund Contribution | | 5.00 May Be |
| <i>Z</i> ıp | 25 | untry | Zip 29 | Countr 30 | у | 8. This corporation has liability for Florida Statutes | | |
| | 9. Name and A | dress of Current | Registered Agent | | | 10. Name and Address of New F | | |
| UENO! | CKG TODDYREE | | | 81 | Name | | | |
| HENRICKS, LORRAINE M. 4090 SALERNO RD | | | | | | ress (P.O. Box Number is Not Acceptat | ole) | |
| PISAL | ERNO FL 34992 | | | 83 | | | | |
| | | | _ | | - " | | FL B5 | Zip Code |
| | | | | | poration's boa | ration submits this statement for the pur | cintment as registe | red agent. Lam |
| familiar wit | th, and accept the ol | pligations of Section | 607.0505, Florida Statutes d title if applicable (NC | | oration's boa | rd or prectors. I nereby accept the app. | ointment as registe | ered agent. I am |
| familiar wit GNATURE _ | th, and accept the ol | oligations of Section | 607.0505, Florida Statutes of the flagolicable (NC | DTE: Registered Age | oration's boa | rd or prectors. I nereby accept the app. | Ointment as registe | ered agent. I am |
| familiar wit GNATURE _ 2. | th, and accept the ol | oligations of Section are of registered agent an OFFICERS AND | 607.0505, Florida Statutes d title if applicable (NC | TE: Registered Age 13. 1.1 Title | oration's boa | rd of directors. I hereby accept the app | Ointment as registe | CTORS IN 12 |
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SIGNATURE: LORD AINE M. HENDRICKS 4/25/46 Date of SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR