

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 389970

(5)

1. Corporation Name

COASTAL OFFICE PRODUCTS, INC.

APPROVED
AND
FILED
MAY 1 1995
TALLAHASSEE, FLORIDA

Principal Place of Business

**215 S. 21ST AVE.
HOLLYWOOD FL 33020
US**

Mailing Address

**215 S. 21ST AVE.
HOLLYWOOD FL 33020
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created **10/18/1971** 3a. Date of Last Report **07/12/1994**

4. FPI Number **59-1360722** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

State Agent # 1st

22

State Agent # 2nd

27

City & State

23

City & State

28

24

25

29

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9. Name and Address of Current Registered Agent

**NIFE, STEPHEN
215 S.W. 21ST AVENUE
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent in Charge)

(Signature of Registered Agent or Registered Agent in Charge)

(Date)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**ST
NIFE, JOHN R.
3484 PIERCE ST.
HOLLYWOOD FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**PD
NIFE, STEPHEN L.
826 HARRISON STREET
HOLLYWOOD FL**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

☐ Change ☐ Addition

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

☐ Change ☐ Addition

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

☐ Change ☐ Addition

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

☐ Change ☐ Addition

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.071, Florida Statutes. I further certify that the information included 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 or the registered agent or have no responsibility for the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

John R. Nife Sec. Treas. **John R. Nife**
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95 **305**
920-7659
TALLAHASSEE, FLORIDA