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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State

宣:::

05-06-1999 90109 001 ***150.00

DOCUMENT # 405269

1. Corporatio	n Name			
COASTA	L STATES INDUSTRIES, INC	\ '·		
Principal Plac	e of Business	Mailing Address		
5021 W NASSA				
TAMPA FL 336	· - · - ·	5021 W NASSAU ST TAMPA FL 33607		
US	•	US		DO NOT WRITE IN THIS SPACE
1				3. Date Incorporated or Qualifed
(07/10/1972
2. Principal P	Place of Business	2a. Mailing Address		4 FEI Number Applied For
21		26 CYO RHI MGT	SERVICES 2	TN 59-1400747 Not Applicable
Suite, Apt.	#, etc.	Suite Ant # atc	•	SK /h Additional
22		27 4800 N. FEDE	RAL HEWY?	Certificate of Status Desired Fee Required
City & Stat	ie .	City & State		Election Campaign Financing \$5.00 May Re
23		28 BOCA RA	TON FL	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	g. This corporation owes the current year Intangible
24	25	29 33431 3	OUSA	Personal Property Tax.
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
			81 Name	
STEIN, DONALD R.			20 2	A A A A A A A A A A A A A A A A A A A
12204 2ND STREET EAST			82 Street A	Address (P.O. Box Number is Not Acceptable)
TRE/	ASURE ISLAND FL 33706		83	
I	•			
			84 City	FL 85 Zip Code
. Durayand	to the previous of Castians 607 0500	and 607 1609 Clasida Statutas	the shows named a	corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State o	f Florida. Such change was aut	horized by the corpo	oration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	la Statutes.	
SIGNATURE	<i>\</i>	114		DATE
	Signature, typed or printed name of registered agent OFFICERS AND		egistered Agent signature re	
12 TITLE	PD OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
	STEIN,DONALD R	De Decere		RAYMOND GROSS
NAME	l '		1.2 NAME	1600 PARKNOOD CIRCLE, #400
STREET ADDRESS	12204 2ND STREET EAST			AFLANTA GA 30339
CITY-ST-ZIP	TREASURE ISLAND FL	VI DELETE	1.4 CITY-ST-ZIP	71, 21,107
TITLE	VD	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MIROCKE, FRANCIS J.		2.2 NAME	RICH KISSANE
STREET ADDRESS	734 CAPTIVA COURT NE		2.3 STREET ADDRESS	1800 THE SOUR CHICK
CITY-ST-ZIP	ST PETERSBURG FL		2. 4 CITY-ST-ZIP	ATLANTA GA 30379
TITLE		☐ DELETE	3.1 TITLE	AS D ☐ Change ☐ Addition
NAME			3.2 NAME	STEVEN LEVINE
STREET ADDRESS			3.3 STREET ADDRESS	4800 N. FEOERAL HIGHWAY ZOOB BUCA RATON, FL 33431
CITY-ST-ZIP			3.4. CITY-ST-ZIP	BUCA RATON, FL 33431
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP	}		4.4 C/TY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
			5.2 NAME	
ADDRESS			5.3 STREET ADDRESS	
\$7 ZID			5.4 CITY-ST-ZIP	
5, 21	 	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
	l		6.2 NAME	

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 supplied ental 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 of 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 many tackbonet with an address, with all other like empowered.

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

····<u>·</u>: AUUHESS

ST-Z)P

(561) 361-4908