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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90031 026 \*\*\*150.00

COAST	TO COAST SALES & SERV	/ICE, INC.								
Principal Plac	ce of Business	Mailing Address								
3772 NW 16-81 3772 NW 16-81										
LAUDEBHILL FL 33311 LAUDEFHILL FL 33311										
US NO STATE OF THE						DO NOT WRITE IN THIS SPACE				
						3. Date incorporated or Qualifo	ed .			Į
						02/16/1977				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		<u> </u>	plied For	
21 1881 NW 108 ST 26						59-1722166			t Applicable	Į
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		\$8.75 A		_
									·	1
City & State City & State						<ol> <li>Election Campaign Financir</li> <li>Trust Fund Contribution</li> </ol>	g 🗆	<b>\$5.00</b> Added t	•	
23 + (	Country	Zip	Countr	·			urront was 1		01663	ĺ
Zip \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	25 USA	29 30	<b>-</b> '	,		<ol> <li>This corporation owes the c Personal Property Tax.</li> </ol>	intent year i	ZXes	□No	
24 / /	9. Name and Address of Currer		<del>'  </del>			10. Name and Address of Nev	v Registere	<del>/`</del>		
			81	Name			<del></del>		*	
Rubin, allan M.						ress (P.O. Box Number is Not Acceptable)				1
2450 HOLLYWOOD BLVD.				Street	Addres	ss (P.O. Box Number is Not Acce	ptable)		*	
	TE 401		83							1
. HOL	LYWOOD FL							·		
i'			84	City			F	85 Zip C	Code	
11. Pursuant	to the provisions of Sections 607.050	22 and 607.1508, Florida Statutes,	the abov	e-named	corpor	ration submits this statement for t	ae nurnose o	of changing its	registered	ĺ
office or i	registered agent, or both, in the State am familiar with, and accept the obligation	of Florida. Such change was author	orized by	the corpo	oration	's board of directors. I hereby acc	ept the app	ointment as reg	gistered	ĺ
-	and doodpt the dolling	710110 ci, 00011011 007.0000, 1101100	· Otalolo					•		ĺ
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Reg	jistered Age	nt signature re	equired w	when reinstating)	DATE			. ا
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO C	FFICERS A			1 3
TITLE	PD	☐ DELETE	1.1 TITLE		D	rector		Die Mange	Addition	;
NAME	GREBLER, MEL		1.2 NAME		G	Rebler Mel				;
STREET ADDRESS	1		1.3 STREE	T ADORESS	-	1881 MM 1084	72'	324		
CITY-ST-ZIP	LAUDERHILL FL		1.4 CITY-5	T-ZIP		PLANTATION 1	<u>در ۲۶</u>	-		1
TITLE	STD	<b>⊅</b> ELETE	2.1 TITLE					Change	☐ Addition	ľ
NAME .	GREBLER, HELAINE		2.2 NAME	ĺ					تبر عد:	
STREET ADDRESS			2.3 STREE	T ADDRESS						
CITY-ST-ZIP	LAUDERHILL FL	<u></u>	2. 4 CITY-	ST-Z∤P		17/				į
TITLE	ID	☐ DELETE	3.1 TITLE		rr	85102NTT	>	Change	☐ Addition	1
NAME	GREBLER, HELAINE		3.2 NAME							1
STREET ADDRESS			3.3 STREE	T ADDRESS						1
CITY-ST-ZIP	PLANTATION FL		3.4. CITY-	ST-ZIP						ŀ
TITLE		☐ DELETE	4.1 TITLE					☐ Change	Addition	1
NAME	:		4. 2 NAME				,			1
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TITLE				3.1 TITLE				Change	☐ Addition	
NAME			5.2 NAME			•				
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CITY-ST-ZIP				iT-ZIP					- A 1200	i
TITLE		☐ DELETE	6.1 TITLE					☐ Change	☐ Addition	ı
NAME	<u> </u>		6.2 NAME							ı
STREET ADDRESS				TADDRESS		•				ı
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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 or 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 on an attachment with an address, with all other like empowered.

SIGNATURE