FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 27 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **558964** **(3)**

1. Corporation Name
COAST PUBLISHING, INC.

Principal Place of Business	Mailing Address
1680 S.W. BAYSHORE BLVD. PORT ST.LUCIE FL 34984	1680 S.W. BAYSHORE BLVD. PORT ST.LUCIE FL 34984

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/06/1978**
3a. Date of Last Report: **02/11/1994**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-1783359** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

SCHWEIGER, ROBERT L
1680 S.W. BAYSHORE BLVD.
~~FT PIERCE, FL~~
PORT ST.LUCIE FL 34984

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	11 TITLE	☒ Change ☐ Addition
NAME	SCHWEIGER, ROBERT	12 NAME	Chairman, Director, Treasurer
STREET ADDRESS	1680 S.W. BAYSHORE BLVD.	13 STREET ADDRESS	Schweiger, Robert
CITY-ST-ZIP	PORT ST.LUCIE FL	14 CITY-ST-ZIP	1680 S.W. Bayshore Blvd. PSL, FL 34984
TITLE	VDS	21 TITLE	☒ Change ☐ Addition
NAME	SCHULMAN, CYNTHIA	22 NAME	VP, Dir, Sec
STREET ADDRESS	1740 SE CLEARMONT	23 STREET ADDRESS	Schulman, Cynthia
CITY-ST-ZIP	PT ST LUCIE, FL 00000	24 CITY-ST-ZIP	1740 SE Clearmont Pt. St. Lucie, FL
TITLE		31 TITLE	☐ Change ☒ Addition
NAME		32 NAME	Pres, Dir
STREET ADDRESS		33 STREET ADDRESS	Robert Birkfeld
CITY-ST-ZIP		34 CITY-ST-ZIP	1680 SW Bayshore Blvd. PSL, FL 34984
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 2-15-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

0203061 CP