

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

3-22-96 B-2090 -C  
(4)

DOCUMENT # 579126

1. Corporation Name

CORAL HARBOR ENTERPRISES, INC.



Principal Place of Business

1601 W MARION AVE SUITE 202  
PUNTA GORDA FL 33950

Mailing Address

1601 W MARION AVE SUITE 202  
PUNTA GORDA FL 33950

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MOORE, JAMES E., III  
~~324 CROSS STREET~~  
PUNTA GORDA, FL 33950

3. Date Incorporated or Qualified

07/14/1978

3a. Date of Last Report

04/13/1995

4. FEI Number

59-1848901

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

10. Name and Address of New Registered Agent

81

Name

MOORE, JAMES E., III

82

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

1625 W. MARION AVE

83

84

City

PUNTA GORDA

FL

85

Zip Code

33950

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

Signature, typed or printed name of registered agent and title if applicable

(Public Registered Agent Signature Required when Retested)

DATE

12. OFFICERS AND DIRECTORS

TITLE

V

☐ DELETE

NAME

GRAHAM, WILLIAM A, JR

STREET ADDRESS

500 BAL HARBOR BLVD  
PUNTA GORDA, FL 00000

CITY - ST - ZIP

TITLE

PST

☐ DELETE

NAME

MORELLO, JAMES G.

STREET ADDRESS

945 MESSINA DR.  
PUNTA GORDA, FL 00000

CITY - ST - ZIP

TITLE

V

☐ DELETE

NAME

GRAHAM, WILLIAM G.

STREET ADDRESS

500 BAL HARBOR BLVD.  
PUNTA GORDA FL

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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: James G. Morello  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96 (941)639-2132

CR2E034 (12/95)