

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

DOCUMENT # 679161

(0)

1. Corporation Name

COASTAL ACCOUNTING INC.

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -7 PM 4:21

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 1919 N.E. 45TH ST., STE. 117 FT. LAUDERDALE FL 33308	Mailing Address 1919 N.E. 45TH ST., STE. 117 FT. LAUDERDALE FL 33308
--	--

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

3. Date Incorporated or Qualified 07/21/1980	3a. Date of Last Report 07/13/1994
4. FEI Number 59-2017397	Applied For Not Applicable
5. Certificate of Status Desired ☒ X	\$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 KENDALL G. ROPP 1919 N.E. 45TH ST., STE. 117 FT. LAUDERDALE FL 33308	
---	--

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PVD
NAME	MITCHELL, CHESTER L.
STREET ADDRESS	6601 N.E. 21ST LANE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	TS
NAME	MITCHELL, CHESTER L.
STREET ADDRESS	6601 N.E. 21ST LANE
CITY-ST-ZIP	FT. LAUDERDALE FL
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	
1.1 TITLE	P/S/T
1.2 NAME	DARLENE BROWN
1.3 STREET ADDRESS	1919 N.E. 45th ST #117
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL
2.1 TITLE	
2.2 NAME	D
2.3 STREET ADDRESS	KENDALL G. ROPP
2.4 CITY-ST-ZIP	1919 NE 45th St #117
3.1 TITLE	FT. LAUDERDALE, FL 33308
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 107, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kendall G. Ropp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/09/95
Date

305-772-7295
Telephone Number