

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

FILED

Mar 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F21996 (6)
1. Corporation Name
FLORIDA COAST INVESTMENTS CORP.

Principal Place of Business

P.O. BOX 540029
ORLANDO FL 32854

Mailing Address

P.O. BOX 540029
ORLANDO FL 32854

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1981

4. FEI Number

59-2073372

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

BENEDETTI, GEORGE R
934 N MAGNOLIA AVENUE
SUITE 310
ORLANDO, 32803

10. Name and Address of New Registered Agent

81 Name

LYDIA BENEDETTI

82 Street Address (P.O. Box Number Is Not Acceptable)

934 N. MAGNOLIA AVENUE, #310

83

84 City

ORLANDO

FL

85 Zip Code

32803

11. Pursuant to the provisions of Sections 607.0507 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

Lydia Benedetti

(Signature of officer or person in charge of registered agent not for P. applicator)

(NOTE: Registered Agent signature required when reinstating)

2/23/98

DATE

12. OFFICERS AND DIRECTORS

TITLE DPVT
NAME BENEDETTI, GEORGE R
STREET ADDRESS 934 N. MAGNOLIA AVE #310
CITY-ST-ZIP ORLANDO FL
XX DELETE

TITLE SD
NAME WALSH, PATRICIA
STREET ADDRESS 934 N MAGNOLIA AVE 310
CITY-ST-ZIP ORLANDO FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPVT
1.2 NAME LYDIA BENEDETTI
1.3 STREET ADDRESS 934 N. MAGNOLIA AVENUE, #310
1.4 CITY-ST-ZIP ORLANDO, FL 32803
XX Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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

SIGNATURE:

Lydia Benedetti

2/23/98

407-839-2016

CR2E034 (10/97)