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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997		an India	DIVISION OF CORPORATIONS			Secretary or state		
	MENT # F3323 OAST FUNDING, INCOR		(3)			 	1/10/ 4/11/ 1/2// 1/2// 1/2// 1/2//	11 815 14 188)
Dring nal Play	ce of Business	Mailing	Address				JARN BIBI) BIBI) BIBI) BIBI	
16014 S ST E REDINGTON BO US		16014 S	Aeiling Address 014 S ST E EDINGTON BCH FL 33708					
						3. Date Incorporated or Qualified 05/04/1981	3a. Date of Last 04/29/1996	Report
	Place of Business	2a. Mai 26	iling Address			4. FEI Number 59-2100451	}	Applied For Not Applicable
Suite, Apt.	. #, etc		te, Apt. #, etc.					Additional
22	. الا موسوطة الذات الا وموسوطة الله الله والدات الله الله والموسوطة الله الله والمات المساور المات المساور ال	27	·····		·	5. Certificate of Status Desired	Fee	Required
City & Sta	te		City & State			Election Campaign Financing Trust Fund Contribution		May Be
23	Country	Zip	28		ntry	8. This corporation has liability for	- 1024	d to Fees
24	25	29		30		Florida Statutes	Yes No	
DI AI	9, Name and Address of Cu	urrent Registered	d Agent		81 Name	10. Name and Address of New Re	gistered Agent	
	UTH, MICHAEL W. 14 5TH ST. E.			l				
REDINGTON BEACH FL 33708					62 Street Add	iress (P.O. Box Number is Not Acceptab	ıle)	l
,				l	83		· · · · · · · · · · · · · · · · · · ·	
					84 City		85 Zij	p Code
	10	7.0000 - 1.007.40	roo rii da Aas	<u></u>			FL	
office or agent. La	registered agent, or both, in the lam tamiliar with, and accept the c	State of Florida. Sobligations of, Sec	Buch change was ction 607.0505, F	authorized Iorida Stat	d by the corpora utes.	poration submits this statement for the patients board of directors. I hereby acceptions	of the appointment a	as registered
SIGNATURE	Signature, typod or punted name of register	red agent and the if app	licable (NC	OTE: Registered	Agent signature requ	uired when reinstaling)	DATE	
12.	OFFICERS	S AND DIRECTOR	RS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PD		☐ DELETE	1.1 TG			Change	e 🔲 Addition
NAME	BLAUTH, MICHAEL W 16014 5TH ST E			1.2 N/				
STREET ADDRESS CITY - ST - ZIP	REDINGTON BEACH, FLO	33708			REET ADDAESS Ty-St-Zip			
TITLE			DELETE	2.1 Ti			☐ Change	e Addition
NAME				2.2 NA	ME .			
STREET ADDRESS				2,3 \$1	REET ADDRESS			
CHTY - \$1 - ZIP			T DELETT		ITY-ST-ZIP		Chang	e
TITLE NAME			[] DELETE	3 1 TJ 3.2 NA			Change	, L Madalani
STREET ADDRESS				1	REET ADDRESS			
Crty - St - ZiP			·		ity-st-zip			
TITLE			DELETE	4,5 T/	TLE		Change	e 🔲 Addilion
NAME				4.2N	•			
STHEET ADDRESS					REET ADDRESS			
COLY: ST-ZiF:			DELETE	5.1 Ti	TY+ST-ZIP TLE		☐ Change	e 🔲 Addition
NAME				5.2 NA	AME			ĺ
STREET ADDRESS				5.3 \$1	REET ADDRESS			
CITY-SI-ZIP			DELETE		TY-ST-ZIP		T Change	e 🔲 Addition
THILE			DELETE	6 1 TJ 6.2 N/			Change	2 FT Addition
NAME STREET ADDRESS					REET ADDRESS			
nity or 7in				640	TV. CT. 7IP			
14. I do hero	bby certify that the information su	pplied with this fil	ing does not qua	lify for the	exemption state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify th	at the
i am an d appears	of indicated on this arribd report officer or director of the corporati in Block 12 or Block 13 if change	ion or the postiver ed, or prylin ettac	r or trustee empo hment with an a	wered to eddress.	execute this repo	ed in Section 119.07(3)(i), Florida Statule at my signature shall have the same lega ort as required by Chapter 607, Florida S	statutes; and that my	y name

SIGNATURE:

REQUIRED

FILED

Apr 28 1997 8:00am

Secretary of State