


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

FILED

Jan 29 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 # F34843 (5) 1. Corporation Name COLEMAN ENTERPRISES, INC.					
Principal Place of Business % ROBERT C COLEMAN 1000 SPENCER AVENUE CLEARWATER FL 34616			Mailing Address % ROBERT C COLEMAN 1000 SPENCER AVENUE CLEARWATER FL 34616		
2. Principal Place of Business 21 1000 Spencer Avenue Suite, Apt. #, etc.		2a. Mailing Address 26 1000 Spencer Avenue Suite, Apt. #, etc.		3. Date Incorporated or Qualified 05/14/1981	
22 City & State 23 Clearwater, Florida Zip 24 33756		27 City & State 28 Clearwater, Florida Zip 29 33756		4. FEI Number 59-2098147 Applied For Not Applicable	
25 Pinellas		30 Pinellas		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent COLEMAN, ROBERT C. 1000 SPENCER AVENUE CLEARWATER FL 33516		10. Name and Address of New Registered Agent 81 Name Robert C. Coleman 82 Street Address (P.O. Box Number is Not Acceptable) 1000 Spencer Avenue 83 84 City Clearwater, FL 85 Zip Code 33756			
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 reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLEMAN, JEWELL R.		1.2 NAME		
STREET ADDRESS	1000 SPENCER AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33756		1.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLEMAN, ROBERT C.		2.2 NAME		
STREET ADDRESS	1000 SPENCER AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33756		2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 checked, or on an attachment with an address.

SIGNATURE:

Robert C. Coleman, President

1/22/98 813-447-2603

CR2E034 (10/97)