SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 20, 1999 8:00 am Secretary of State

07-20-1999 90028 028 ***550.00

DOCU 1. Corporation	Γ#	F424	01	l

COASTAL WHOLESALE, INC.

Principal Place of Business Mailing Address		Mailing Address				
1600 OLD OKE	ECHOBEE RD	1600 OLD OKEECHOBEE RI				
WEST PALM BEACH FL 33409		WEST PALM BEACH FL 33409			DO NOT WRITE IN THIS SPACE	
US		US			3. Date Incorporated or Qualified	
					08/27/1981	
- District B		do Mailian Address		 -	4. FEI Number Applied For	
2. Principal Place of Business		2a. Mailing Address			59-2124732 Not Applicable	
21		26 20 N. Orange Ave. Suite, Apt. #, etc.		e	\$9.75 Additional	
Suite, Apt. #, etc.		Suite 200			5. Certificate of Status Desired Fee Required	
City & State		City & State				
<u> </u>		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	28 Orlando, FI	Country		8. This corporation owes the current year	
	25		٦		Intangible Personal Property. Yes No	
24	9. Name and Address of Current		<u>⁰lOr</u> a	nge_	10. Name and Address of New Registered Agent	
	3. Name and Address of Corrent	registored Agent	8-	Name	10,100	
COF	RPORATION SERVICE COMPANY					
	1 HAYS STREET		82	Street	Address (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301-2525		83				
			"	1		
	•.		84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of sections 607 0502	and 607 1508. Florida Statutes	the above	-named c	corporation submits this statement for the purpose of changing its registered	
office or r	registered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was aut	horized b	y the corpo	oration's board of directors. I hereby accept the appointment as registered	
SIGNATURE						
	Signature, typed or printed name of registered agent			Agent signatur	ure required when reinstating) DATE	
12.	OFFICERS AND		13.	 _	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	L DELETE	1.1 TITLE		Change Addition	
NAME	HALL, A STEWART JR		1.2 NAME			
STREET ADDRESS	20 N ORANGE AVE., SUITE 20	00	1	TADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-5	T-ZIP		
TITLE	TD	DELETE	2.1 TITLE		Change Addition	
NAME	ZEPF, J STEPHEN		2.2 NAME	ı		
STREET ADDRESS	20 N ORANGE AVE., SUITE 20)0	2.3 STREE	TADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-S	T-ZIP		
TITLE	SAT	DELETE	3.1 TITLE		AS/AT X Change Addition	
NAME	CLARK, JAY		3.2 NAME	ĺ		
STREET ADDRESS	20 N ORANGE AVE., SUITE 20	00	3.3 STREE	T ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-9	T-21P		
TITLE	AS	DELETE	4,1 TITLE		Secretary X Change Addition	
NAME	BUTTERFIELD, BENJAMIN P.		4.2 NAME		"	
STREET ADDRESS	20 N ORANGE AVE., SUITE 20	00	4.3 STREE	TADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-S	T-ZIP		
TITLE	D	DELETE	5.1 TITLE		Change Addition	
NAME	HUGHES, DAVID H	 ·	5.2 NAME			
STREET ADDRESS	20 N ORANGE AVE., SUITE 20	00	5.3 STREE	TADORESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-S			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			4	T ADDRESS	,	
			6.4 CITY-5			
CITY-ST-ZIP			■ 0.4 OH 1*3	1-415	1	

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 suppliemental 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 equiver 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 attitionment with an address.

SIGNATURE:

A. Stewart Hell. Jr.