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

**PROFIT CORPORATION** ANNUAL REPORT 1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

CORAL HARBOR PLAZA, INC.

(6)

**FILED** Mar 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					in the state of th	
805 SE 18TH ST 506 SE 18TH ST FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316						
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 10/12/1981
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				NOT APPLICABLE Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$9.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State	6	City & State				Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip Country		Zip Country				8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
	9, Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent
FA	RRUGIA, JOSEPH			81	Name	
50	5 SE 18TH ST		ŀ	82	Street Ac	ddress (P.O. Box Number is Not Acceptable)
ft lauderdale, fl				SHOOL NO	adiada (i .a. par Haribar la Har Nadaptadia)	
333	316		ſ	83		
			<u> </u>	84	City	FL 85 Zip Code
44 Purcuent	to the provisions of Sections 607 0503	and 607 1509. Etorida Statuto	e the ab		named or	
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 nature of registered agent and lifte if applicable (NOTE: Registered Agent signature required when reinstating)  DATE						
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	SD	DELETE	1.1 111	LE		Change Addition
NAME	FARRUGIA, WILLIAM JOSEPH		1,2 NA	ME		
STREET ADDRESS	505 SOUTHEAST 18TH ST 1.3S		1.3 ST	REET	ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	CT LAUDEDDALE EL 00000			T-ZIP	
TITLE	VID	DELETE	2.1 TITLE		-	☐ Change ☐ Addition
NAME	FARRUGIA, MARY ELIZABETH		2.2 NAM			<b>-</b>
STREET ADDRESS	505 SOUTHEAST 18TH ST		2.3 STREET AD		ADDRESS	,
CITY-ST-ZIP	FT LAUDERDALE, FL 00000			2. 4 CITY-ST-ZIP		
TITLE	PD DELETE			3.1 TITLE		Change Addition
NAME	FARRUGIA, JOSEPH	ARRUGIA, JOSEPH 3.2 h				
STREET ADDRESS	505 SOUTHEAST 18TH ST				ADDRESS	•
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		3.4. CI			·
TITLE		DELETE	4.1 TIT			☐ Change ☐ Addition
NAME			4. 2 NA			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			4.4 CIT		1	
TITLE		DELETE	5.1 TIT			☐ Change ☐ Addition
NAME			5.2 NA			_ · -
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			5.4 CIT			
TITLE		DELETE	6.1 T(T		, 4	☐ Change ☐ Addition
, NAME			6.2 NA		. 1	
STREET ADDRESS			1		ADDRESS	
DINECI AUUNESS			0.3 511	nce ( /	ADDRESS	

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 coreiver 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 atjaching t with an address.