PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

Apr 22, 1999 8:00 am Secretary of State

<u> </u>	1999		OWISION OF CO	RPORAT	IONS	·	[68 024 ***]	150.00	
1, Corporation	MENT # F8688 D COAST CRUISE CENT					A LEGITICA (SPI) OPIE BIJA: (PHD) (BHA Oris Oris Oris	1871 BIÐI BIÐI BIÐI B	1811 81811 1881	
									!
Principal Place	e of Business .	Mailin	g Address			t 1881/89 (181 (81/18 B) (181 (81/18) (18/18 B) (18	#if ditr: Erftr arati C	itit aratı cant	. 1
RHEA SHEROTA RHEA SHEROTA 19056 N.E. 29TH AVENUE 19056 N.E. 29TH AVENUE									
AVENTURA FL			19056 N.E. 29TH AVENUE AVENTURA FL 33180			DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualified			'
2. Principal P	face of Business	Za, Ma	ailing Address			06/25/1982 4. FEI Number	Apı	plied For	
21		26				65-0056040		t Applicable	
Suite, Apt.	#, etc.	Su 27	ite, Apt. #, etc.			_s_Certificate of Status Desired.	\$8.75 A		-
City & Stat	de .		ty & State			6, Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added to	o Fees	
Zip	Country Zip 29 3			Country		8. This corporation owes the current year Intangible Personal Property Tax. Yes No			
24	9. Name and Address of Cu	29 29 rrent Registers				10. Name and Address of New Registe	red Agent		
A				81	Name				
SHEROTA, RHEA 19056 NE 29TH AVENUE				82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
NORTH MIAMI BEACH FL 33180									ĺ
				84	City		85 Zip C	ode	
·				- 1			-L		ĺ
11, Pursuant office or r	to the provisions of Sections 607 registered agent, or both, in the S	.0502 and 607.1 tate of Florida.	1508, Florida Statutes, Such change was auti	the above orized by	e-named corporation	oration submits this statement for the purposon's board of directors. I hereby accept the ap	opointment as reg	pistered	i
1	m familiar with, and accept the o	bligetions of, Se	cuan 607.0505, Florid	a Statutes		EROTA 4-15-	79		
SIGNATURE	Signal Depth of printed name of registers				ni signature require	d when reinstating) DATE		DC IN 12	ĝ
12.	DVP	S AND DIRECTO	DRS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition	11/08
NAME	SHEROTA, MICHAEL			1.2 NAME	1				
STREET ADDRESS	19056 NE 29TH AVENUE			1.3 STREE	TADORESS				ROEUSA
CITY-ST-ZIP	AVENTURA FL 33180		Documen	1.4 CITY-S	T-Z3P	·	☐ Change	Addition	à
NAME	O SHEROTA, RHEA		DELETE	2.1 TITLE 2.2 NAME	· ·		۔ھ۔۔۔۔۔	٠	
STREET ADDRESS	AGGEG ANT AGET LANCE	_			TADDRESS				
Crty-ST-ZP	AVENTURA FL 33180			2.4 GITY-S	57-ZP		F7.00	Addition	ļ
TITLE			DELETE	3.1 TITLE		•	Change	C3 vocation)	l
NAME _STREET ADDRESS				3.2 NAME 3.3 STREET	TADORESS				
CITY-ST-ZIP	 -			3.4. CTTY-5	- 1				
TITLE			☐ DELETE	4,1 TITLE			Change	Addition	ĺ
NAME	,			4.2 NAME					ĺ
STREET ADDRESS		1		4.3 STREE 4.4 CITY-S	TADORESS T-ZIP				l
TITLE			☐ DELETE	5.1 TITLE			Change	Addition	ĺ
NAME			i	52 NAME					ļ
STREET ADDRESS				5.3 STREET 5.4 CITY-S	TADORESS				ĺ
CITY-ST-ZIP			DELETE	6.1 TITLE			Change	Addition	ĺ
NAME	A 54 10 00 10 00 00			62 NAME				ı	ı
				B	TADORESS				

CITY-ST-ZIP": 14. I hereby certify that the information supplied with this filing does not qualify for the examption 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, with all other like empowered.

6.4 C/TY-ST-ZIP

SIGNATURE: _

REQUIRED