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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600001023 (8)

COORDINATED CAPITAL LTD., INC.

Principal Place of Business 380 S. STATE RD 434 SUITE 1004-144

ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

380 S. STATE RD 434 SUITE 1004-144

ALTAMONTE SPRINGS FL 32714

## FILED Jan 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1996

59-3357394

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

Zip		Country	Zip		Countr	ry		8. This corporation owes or has paid the current year Intan					
24		25	29	3	30			Personal Property Tax due June 30. П Yes П No					
Name and Address of Current Registered Agent							10, Name and Address of New Registered Agent						
WOLFE, LARRY							Name						
200-A JOHN KNOX ROAD							Street Address	e (P.O. Boy Nu	mber is Not Acc	contable)		····	
TALLAHASSEE FL 32303-6643							Silest Addres	55 (F.O. DOX 140	IIIDEI IS NOI ACC	eptable)			
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					84	٠							
							City			FL	85 Zip	Code	
11. Pursuant	to the provisi	ions of Sections 607 0502	the abov	Vest	named corpor	ration euhmite th	nis statement for	the number of	f changing i	te registered			
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 it applicable. (NOTE Registered Agent signature required when reinstating)  DATE													
12.	Signature, typed	OFFICERS AND		a. (401g	13.	gen a	Signature required		/CHANGES TO		ו חופברדרו	28 INI 12	
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NAME					6.2 NAME							1	
STREET ADDRESS					6.3 STREET	T AD	DRESS					]	
CITY - ST - ZIP					6.4 CITY - 5								
14. I hereby c	ertify that the	Information supplied with a report or supplemental a	this filing does	s not qualify for	the exemp	otio Pat e	n stated in Se my signature	ection 119.07(3) shall have the s	(i), Florida Statui same legal effect	tes. I further ce	rtify that the	information	
officer or o	director of the	corporation of the receive	er or trustee e	mnowered to ev	ecute this	TRE	nort as require	ed by Chapter 6	107 Florida State	ites and that n	ov name an	nears in	

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 attractment with an address.

SIGNATURE:

TERE REQUIRED

1/22/98

1407 493-2511

2E034 (10/97)

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable