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Secretary of State

08-31-1999 90002 003 ***558.75

PROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000001412**

Corporation Name
COHERENCE INCORPORATED

Principal Place of Business
POST OAK COURT
FL 34761

Mailing Address
2269 POST OAK COURT
OCOC EE FL 34761

DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

e, Apt. #, etc.

Suite, Apt. #, etc.

& State

City & State

Country

Zip

Country

3. Date Incorporated or Qualified

03/12/1998

4. FEI Number

54-800792

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation owes the current year
Intangible Personal Property.☒Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCQUEEN, JUDY
2269 POST OAK COURT
OCOC EE FL 34761

81 No **Judy McQueen**
 82 Street **2269 Post Oak Ct**
 83
 84 City **OCOC EE** 85 Zip Code **34761**

In accordance with 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 **Judy McQueen**
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDRESS	NAME	TITLE	STREET ADDRESS	CITY-STATE-ZIP	Change	Addition
P 2269 POST OAK COURT OCOC EE FL 34761	MCQUEEN, JUDY	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
V 2269 POST OAK COURT OCOC EE FL 34761	MCQUEEN, ROBERT	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	<input type="checkbox"/>	<input type="checkbox"/>

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
 stated 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
 on block 12 or block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)