

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 JUN 29 AM 8:45**

**DOCUMENT # G15520 (1)**

1. Corporation Name

**FLORIDA COAST BUILDERS, INC.**

Principal Place of Business

**201 BENOIST FARMS RD.  
WEST PALM BEACH FL 33411**

Mailing Address

**648 ROYAL PALM BCH BLVD  
STE 509  
ROYAL PALM BCH FL 33411  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**12/28/1982**

3a. Date of Last Report  
**07/06/1994**

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

**22**  
City & State

**23**  
Zip

Country

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**27**  
City & State

**28**  
Zip

Country

**29**  
33411

**30**  
USA

4. FEI Number  
**59-2265075**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. This corporation has liability for intangible tax under s. 189.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**WERNER, BRUCE M., JR.  
648 ROYAL PALM BEACH #509  
ROYAL PALM BEACH FL 33411**

10. Name and Address of New Registered Agent

**81** Name  
**Bruce M. Werner**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**1120 Royal Palm Beach Blvd.**  
**83** Suite 409  
**84** City  
**Royal Palm Beach FL**  
**85** Zip Code  
**33411**

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]*

(NOTE: Registered Agent signature required when re-registering)

DATE

**6/26/95**

12. OFFICERS AND DIRECTORS

|                 |                                |
|-----------------|--------------------------------|
| TITLE           | <b>P</b>                       |
| NAME            | <b>WERNER JR, BRUCE M.</b>     |
| STREET ADDRESS  | <b>648 ROYAL PALM BCH BLVD</b> |
| CITY - ST - ZIP | <b>ROYAL PALM BEACH FL</b>     |
| TITLE           |                                |
| NAME            |                                |
| STREET ADDRESS  |                                |
| CITY - ST - ZIP |                                |
| TITLE           |                                |
| NAME            |                                |
| STREET ADDRESS  |                                |
| CITY - ST - ZIP |                                |
| TITLE           |                                |
| NAME            |                                |
| STREET ADDRESS  |                                |
| CITY - ST - ZIP |                                |
| TITLE           |                                |
| NAME            |                                |
| STREET ADDRESS  |                                |
| CITY - ST - ZIP |                                |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                              |                                                                              |
|---------------------|----------------------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <b>P</b>                                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | <b>Werner Jr, Bruce M.</b>                   |                                                                              |
| 1.3 STREET ADDRESS  | <b>1120 Royal Palm Beach Blvd. Suite 409</b> |                                                                              |
| 1.4 CITY - ST - ZIP | <b>Royal Palm Beach, FL 33411</b>            |                                                                              |
| 2.1 TITLE           |                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |                                              |                                                                              |
| 2.3 STREET ADDRESS  |                                              |                                                                              |
| 2.4 CITY - ST - ZIP |                                              |                                                                              |
| 3.1 TITLE           |                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                                              |                                                                              |
| 3.3 STREET ADDRESS  |                                              |                                                                              |
| 3.4 CITY - ST - ZIP |                                              |                                                                              |
| 4.1 TITLE           |                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                                              |                                                                              |
| 4.3 STREET ADDRESS  |                                              |                                                                              |
| 4.4 CITY - ST - ZIP |                                              |                                                                              |
| 5.1 TITLE           |                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                                              |                                                                              |
| 5.3 STREET ADDRESS  |                                              |                                                                              |
| 5.4 CITY - ST - ZIP |                                              |                                                                              |
| 6.1 TITLE           |                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                                              |                                                                              |
| 6.3 STREET ADDRESS  |                                              |                                                                              |
| 6.4 CITY - ST - ZIP |                                              |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/26/95**

**407.793.2099**