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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G15520

(1)

Corporation Name
FLORIDA COAST BUILDERS, INC.

FILED

Jan 24 1997 8:00am

Secretary of State

| | | | | | | HAN HAN 2004 BARY HAN 3000 (BA | |
|---|---|--|---|---------------------------------------|--|-----------------------------------|--|
| Principal Place of Business Mailing Address | | | | | r 1882)tr 8885 fill 6 giller Mille 1861 Betr Bibit Biblt Atmit Afetr Brait Afetr Afetr Afetr Afetr Afetr Afetr | | |
| 201 BENOIST I | | | 1120 ROYAL PALM BEACH BLVD STE 409 ROYAL PALM BEACH FL 33411-1607 | | | | |
| WEST PALM B | EACH FL 33411 | | | | | | |
| | | US | 33411-1007 | | 3. Date Incorporated or Qualified | 3a. Date of Last Report | |
| | | •• | | | 12/28/1982 | 01/30/1996 | |
| 2. Principal Pi | lace of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For | |
| 21 | | 26 | | | 59-2265075 | Not Applicable | |
| Suite, Apt | #, etc | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional | |
| 22 | | 27 | | | O. Certificate of Status Desired | Fee Required | |
| City & State | е | City & State | | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 | | 28 | | · · · · · · · · · · · · · · · · · · · | Trust Fund Contribution | Added to Fees | |
| Zıp | Country | Zip | Country | • | 8. This corporation has liability for in | | |
| 24 | 25 | 29 | 30 | | Florida Statutes | Yes No | |
| 10000 | 9. Name and Address of Cur | rent Hegisterea Agent | 81 | Name | 10. Name and Address of New Re | Istered Agent | |
| | RNER, BRUCE M. | | *' | Nante | | | |
| | O ROYAL PALM BEACH BLVD | | 82 Street Add | | dress (P.O. Box Number is Not Acceptable) | | |
| | te 409 /Al Palm Beach Fl 33411 | | 83 | | ······································ | | |
| no | AL FALM DEACH PL 30411 | | | | | | |
| | | | 84 | City | 大大 建铁 电流线 计 | FL 85 Zip Code | |
| 11. Pursuant | to the provisions of Sections 607.0 | 0502 and 607.1508, Florida Statu | tes, the abov | e-named corp | poration submits this statement for the p | urpose of changing its registered | |
| office or re agent. La | egistered agent, or both, in the St m familiar with, and accept the ob | ate of Florida. Such change was digations of, Section 607.0505, F | authorized bi Iorida Statute | y the corporat s. | tion's board of directors. I hereby accep | t the appointment as registered | |
| SIGNATURE | • | | | | • | | |
| | Signature, typed or ported name of registered | | TE: Registered Ag | eni signature requi | ired when reinstating) | DATE | |
| 12. | OFFICERS | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFIC | | |
| TITLE | P PROPERTY OF A | ☐ DELETE | 1.1 TITLE | | | Change Addition | |
| NAME | WERNER, BRUCE M. | OUT OUTT 400 | 1.2 NAME | | | | |
| STREET ADDRESS | 1120 ROYAL PALM BEACH | BLVD, SUITE 409 | 1 3 STREET | ADDRESS | | | |
| CITY-ST-ZIF | ROYAL PALM BEACH FL | T proper | 1.4 CITY-5 | ST-ZIP | | Constant of the second | |
| TITLE | DELETE | | 2.1 TITLE | | | Change Addition | |
| NAME | | | 22 NAME | | | | |
| STREET ADDRESS | | | 2 3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | Printe | | 2 4 CITY- | ST-ZIP | | Change Addition | |
| TOLE | | ☐ DELETE | 3.1 TITLE | | • | El cualde El vogicou | |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | | T ADDRESS | 4 | | |
| CITY - ST - ZIP | | DELETE | 3.4 CITY- | S1-ZIP | | Change Addition | |
| TITLE | | | 4.1 TITLE | | | El susuite El vigition | |
| NAME ATDRET ADDRESS | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | |
| CiTY+ST+ZIP | | DELETE | 4.4 CHTY - 5.1 TITLE | SI-ZIP | | Change Addition | |
| TITLE | | ביי מונכנונ | | | | Fil sugarbe Fil addition | |
| NAME PERFECT LODGESCO | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | | r address | | | |
| CITY-ST-ZIP | | ☐ DELETE | 5.4 CITY-1 | SI-ZIP | <u> </u> | Change Addition | |
| TITLE | | | | | | L. Villeligo L. Mühlett | |
| NAME | | | 6.2 NAME | | • | | |
| STREET ADDRESS | | | | 1 ADDRESS | | | |
| CHY-ST-ZIP | 1 | | 6.4 CITY- | SI-ZIP | | | |

14. I do 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 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 Brock 13 if tryinged, or on an attachment with an address.

SIGNATURE:

ALORE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-793-2099

Daytime Phone #