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CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G18360

(9)

RICHARD G. COKER, JR., P.A. Principa: Place of Business Mailing Address 1318 S.E. 2ND AVE. 1318 S.E. 2ND AVE. FT. LAUDERDALE FL 33316-1810 FT. LAUDERDALE FL 33316 3a. Date of Last Report 3. Date Incorporated or Qualified 01/11/1983 02/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2254662 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 30 Florida Statutes Yes No 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 61 COKER, RICHARD G JR ESQ 1318 S.E. 2ND AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUD FL 33316 83 84 Zip Code 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 pential has elef registered agent and title d'applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DPT DELETE Change ___ Addition 11 TITLE 100 COKER, RICHARD G JR N4ME 12 NAME 1318 S.E. 2ND AVE. 13 STREET ADDRESS STREET ADDRESS FT LAUD FL 1.4 City-ST-ZIP CITY-ST-7/P DELETE ☐ Change Addition TITLE 21 TITLE COKER, RICHARD G JR NAME 2.2 NAME 1318 S.E. 2ND AVE. 2.3 STREET ADDRESS STREET ADDRESS FT LAUD FL OTTY - ST - Z/F 2. 4 CITY - ST - ZIP DELETE Change Addition THLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CHY-ST-ZIP ☐ DELETE Change | ___ Addilion TITLE 4.1 TITLE 4 2 NAME NAME 4.3 STREFT ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP 0:1Y - ST - Z)P DELETE Addition 5.1 TITLE Change TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP C-TY - S1 - 7IF DELETE Change Addition TILLE 6.1 TITLE NAV: 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST-ZIP

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

14. I do hereby certly 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

SIGNATURE:

appears in Block 12 or

(96/6)

FILED

Mar 06 1997 8:00am

Secretary of State