## 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

## FILED Apr 06 1998 8:00am Secretary of State

|   | MENT<br>ON Name<br>COAST JA                      | # G8184<br>NITORIAL SERVI        |                        | (2)                              |   |  |  |   |
|---|--|----------------------------------|------------------------|----------------------------------|---|--|--|---|
| Principal Place of Business Mailing Address   |  |                                  |                        |                                  |   |  |  | ANN DIDIN DIBNE DIDEE NOBE                      |
| '   | DA MANGO RI                                      |                                  | •                      | 1025 FLORIDA MANGO RD. #4        |   |  |  |   |
|   | H. FL 33409                                      |                                  |                        | W. PALM BCH, FL 33409            |   |  |  |   |
|   |  |                                  |                        |                                  |   |  | DO NOT WRITE IN THIS SE  | 'ACE  |
|   |  |                                  |                        |                                  |   |  | 3. Date incorporated or Qualified  |   |
| A Principal F   | Dinas of Busin                                   | 0000                             | 2a. Mailing Address    |                                  |   |  | 11/17/1983<br>4. FEI Number  |   |
| · ·   | 2. Principal Place of Business                   |                                  |                        | 26. Walling Address              |   |  | 59-2342837   | Applied For<br>Not Applicable                   |
| Suite, Apt.   | #. etc.  |                                  | ·—                     | Suite, Apt. #, etc.              |   |  | _  | \$8.75 Additional                               |
| 22  |  |                                  | <b>⊢</b> –             | 27                               |   |  | 5. Certificate of Status Desired   | Fee Required                                    |
| City & Stat   | le   |                                  |                        | City & State                     |   |  | 6. Election Campaign Financing   | \$5.00 May Be                                   |
| 23  |  |                                  | 28                     |                                  |   |  | Trust Fund Contribution  | Added to Fees                                   |
| Zip   | Country  |                                  | Zip                    | Zip Cou                          |   | у  | 8. This corporation owes or has paid the current year Intangible   |   |
| 24  |  |                                  |                        | 30                               | Personal Property Tax due June 30. Yes No   |  |  |   |
|   |  | and Address of Curr              | ent Registered Age     | nt                               |   | d  | 10. Name and Address of New Registered A   | jent  |
|   | ontana, jo                                       |                                  |                        |                                  | 81  | Name   |  |   |
|   | 1 SHORE [  |                                  |                        |                                  |   |  | ddress (P.O. Box Number is Not Acceptable)   |   |
| VE  | RO BEACH   | I FL 32963                       |                        |                                  |   |  |  |   |
|   |  |                                  |                        |                                  | 83  | <b>'</b>   |  |   |
|   |  |                                  |                        |                                  | 84  | City   | FL   | 85 Zip Code                                     |
| 11. Pursuant  | to the provis                                    | ions of Sections 607.0           | 502 and 607.1508, F    | orida Statute                    | s, the abov   | ve-named c   | corporation submits this statement for the purpose of coration's board of directors. I hereby accept the appoint | changing its registered                         |
| office or i<br>agent I a  | regi <b>ste</b> red ag<br>am <b>fam</b> iliar wi | ith, and accept the obl          | igations of, Section 6 | 07. <b>0</b> 505, Flo            | uthorized b<br>rida Statute   | y the corpo<br>es.   |  | _   |
| SIGNATURE   |  | or printed time of registered in | ntana                  | UP                               | Panistared As   | ant signaliva v  | equired when reinstating) DATE   | 50  |
| 12.   | organismo, typico                                |                                  | ND DIRECTORS           | (NOTE                            | 13.   | teur ei Augra e ie   | ADDITIONS/CHANGES TO OFFICERS AND E  | DIRECTORS IN 12                                 |
| TITLE   | PT   |                                  |                        | DELETE                           | 1.1 TITLE   |  |  | Change Addition                                 |
| NAME  | FONTAI   | NA, JOSEPH                       |                        |                                  | 1.2 NAME  |  |  | ]   |
| STREET ADDRESS  |  | ore dr                           |                        | 1.3 STREET AC                    |   | 1 ADDRESS  |  | l i   |
| CITY-ST-ZIP   |  | BEACH FL                         |                        | 1.4 CIT <sup>5</sup>             |   |  |  | 3   |
| TITLE   | VS   |                                  |                        | DELETE                           | 2.1 TITLE   |  |  |   |
| NAME  |  | NA, MARY                         |                        |                                  |   |  | <u>.</u>   | Change  |
| STREET ADDRESS  |  |                                  |                        |                                  | 2.2 NAME  |  | L  | Change Addition C                               |
|   |  |                                  |                        |                                  | P   | T ADDRESS  | _  | Change  Addition (                              |
| CITY-ST-ZIP   |  | ORE DR<br>BEACH FL               |                        |                                  | 2.3 STREE<br>2.4 City-  | T ADDRESS  |  |   |
| TITLE   |  |                                  |                        | DELETE                           | 2.3 STREE<br>2. 4 CITY-<br>3.1 TITLE  | T ADDRESS  |  | Change Addition  Change Addition                |
| TITLE<br>NAME   |  |                                  |                        | DELETE                           | 2.3 STREE<br>2.4 CITY-<br>3.1 TITLE<br>3.2 NAME   | T ADDRESS<br>ST-ZIP  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS   |  |                                  |                        | DELETE                           | 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE  | T ADDRESS ST-ZIP T ADDRESS   |  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |                                  |                        |                                  | 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY-   | T ADDRESS ST-ZIP T ADDRESS   |  | Change Addition                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   |  |                                  |                        | DELET <b>E</b>                   | 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE  | T ADDRESS ST-ZIP  T ADDRESS ST-ZIP                                     |  |   |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME  |  |                                  |                        |                                  | 2.3 STREE 2. 4 GITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY- 4.1 TITLE 4. 2 NAME  | T ADDRESS ST-ZIP T ADDRESS ST-ZIP                                      |  | Change Addition                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   |  |                                  |                        |                                  | 2.3 STREE 2. 4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4. 2 NAME 4.3 STREE   | T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS                          |  | Change Addition                                 |
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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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.

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