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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State

05-05-1999 90196 028 ***150.00

DOCUMENT # J05165							
1. Corporation Name							
COASTA	l empire development	CO.				ALAN BERGERIA	100 EITH (100)
- · · · · · · ·	(0)	AA-Maa Aadaaa			I (BB)(III BBINI BINB) BINBN INBIN BINBN BINI BINI	ANTO COMO CONTO	INTERNATION
Principal Place		Mailing Address					
1845-3 CAPITAL TALLAHASSEE		1845-3 CAPITAL CIR NE TALLAHASSEE FL 32308					
US US					DO NOT WRITE IN THI	S SPACE	
					Date Incorporated or Qualifed		
					03/20/1986		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		olied For
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					59-2507525	\$8.75 A	Applicable
					5. Certificate of Status Desired	Fee Red	
22 27 City & State City & State					6. Election Campaign Financing	\$5.00	May Re
23	-	28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country		8. This corporation owes the current year Ir	ntangible	
24	25	29	0		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent	
DDIO.	C MANAGERT II ID		81	Name			
	E, VINCENT H JR.		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
1845-3 CAPITAL CIR NE TALLAHASSEE FL 32308							
IALL	AIIAGGEE PL 32300		83	}			İ
			84	City		85 Zip C	ode
		0 1007 4500 FI	45		FI		registered
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 a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	a Statutes	i.			
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE: Re	egistered Ager	nt signature regul	red when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PSD	☐ DELETE	1,1 TITLE			Change	☐ Addition
NAME	PRICE, VINCENT H JR.						ĺ
STREET ADDRESS	1845-3 CAPITAL CIR NE			TADORESS			
CITY-ST-ZIP	TALLAHASSEE FL 32308	<u> </u>	1.4 CITY-S	T-ZIP			
TITLE	VTD	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME	l l			}
STREET ADORESS	70.10 0 0.11 117.00 0.11 11.00		2.3 STREET	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY- S	ST-ZIP		☐ Change	Addition
TITLE			3.1 TITLE			☐ cliange	
NAME			3.2 NAME	TARRESC			
STREET ADDRESS			3.3 STREET				
CITY-ST-ZIP TITLE			3.4. CITY-S	51-ZIP		Change	Addition
NAME		4.2					•
STREET ADDRESS				T ADDRESS			}
CITY-ST-ZIP			4.4 CITY-S				
TITLE	F-1		5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T- ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME	}			{
STREET ADDRESS			6.3 STREET	TADDRESS			

14. 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 indicated on this annual report or supplemental annual reports 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 eceiver or trusted 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP