## 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

DOCUMENT #

BARBARA L. COATS, INC.

(2)

## **FILED** May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
1243 PRESIDIO DR					
PT LAUDERD		FT LAUDERDALE FL 33327			
US		US		DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualified	
				06/02/1986	
2. Principal Pl	ace of Business	2s. Mailing Address	1 0 1	4. FEI Number	Applied For
21 790	E Brownerd!	31/26 790 E. BYO	ward Blod	59-2647019	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt, #, etc.			\$8.75 Additional
22 51	11te 400	27 ういせ	400	5. Certificate of Status Desired	Fee Required
City & State	) , , ,	City & State	1 , ,	6. Election Campaign Financing	\$5.00 May Be
23 OR	I LAuderda	le 28 TORT IQI	iderdale.	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid th	e current year Intangible
21 333	0 1 25 USA	29 33301 3	o USA	Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of C	current Registered Agent		10. Name and Address of New Registe	ered Agent
COATS, BARBARA L. 81 Name Carbara L. COATS					
1040 BOCCIDO DD				W. N	
	LAUDERDALE FL 33327		82 Street Addr	ess (P.O. Box Number is Not Acceptable)  E. Broward (31Vd)	
• •	DADE IDVICE I E 000E)		83	D. DIOMOVA DIVINE	
			Skit	e 400	
			84 City	C Loudendale C	FL 85 33301
44 5	40	7 0/00 1 007 1500 51	FOK	THURS OF THE PARTY OF THE PARTY OF	
office or re	agistered agent, or both, in the	State of Florida, Such change was au	thorized by the corporat	poration submits this statement for the purpo tion's board of directors. I hereby accept the	e appointment as 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	. 10 mora	J. COals		4123198	
			Registered Agent signature requi		AND DISCOTORS IN 46
12.		RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DP	☐ DELETE	1.1 TITLE		Change Addition
NAME	COATS, BARBARA L.	goe. Bround Blv	1.2 NAME		
STREET ADDRESS	1243 PRESIDIO DR 7	TO E. OI OLARO	1.3 STREET ADDRESS		
CITY-ST-ZIP	FILAUDERDALE FL 1	t. LAUdi Fi	1.4 CITY - ST - ZIP		
TITLE		☐ DEL <b>et</b> e	21 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS	•		3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		•
			4.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE		butte	5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		T 06
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
44 Lharabu s	ertify that the information supp	olied with this filling does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I furth	ner certify that the information

indicated on this annual report of 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 a 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. 11/22/20