FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:32

DOCUMENT # K23725 (0)

1. Corporation Name
EAST COAST PRIDE, INC.

Principal Place of Business	Mailing Address
1640 HARBOR DRIVE MERRITT ISLAND FL 32952-5670	1640 HARBOR DRIVE MERRITT ISLAND FL 32952-5670

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/12/1988
3a. Date of Last Report: 03/10/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 31-1256511 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WALLIS, MICHAEL M.M.
1221 EAST NEW HAVEN AVENUE
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	WALLIS, MICHAEL M.M.	12 NAME		
STREET ADDRESS	1221 EAST NEW HAVEN AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	14 CITY-ST-ZIP		
TITLE	P	21 TITLE		☒ Change ☐ Addition
NAME	QUINIF, JACK L.	22 NAME	Deceased	
STREET ADDRESS	1640 HARBOR DR.	23 STREET ADDRESS		
CITY ST ZIP	MERRITT ISLAND FL	24 CITY-ST-ZIP		
TITLE	V	31 TITLE	Pres/V. Pres.	☒ Change ☐ Addition
NAME	QUINIF, RICHARD C.	32 NAME	Richard C. Quinif	
STREET ADDRESS	430 JOHNSON AVE. #101	33 STREET ADDRESS	1640 Harbor Dr	
CITY-ST ZIP	CAPE CANAVERAL FL	34 CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE	S	41 TITLE		☒ Change ☐ Addition
NAME	QUINIF, JERRI L.	42 NAME		
STREET ADDRESS	430 JOHNSON AVE. #101	43 STREET ADDRESS	1640 Harbor Dr	
CITY ST ZIP	CAPE CANAVERAL FL	44 CITY-ST-ZIP	Merritt Island, Fl 32952	
TITLE	T	51 TITLE		☐ Change ☐ Addition
NAME	QUINIF, ELLEN M.	52 NAME		
STREET ADDRESS	1640 HARBOR DR.	53 STREET ADDRESS		
CITY ST ZIP	MERRITT ISLAND FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ellen M Quinif Ellen M Quinif 3/31/95 407-459-0863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070102 CP