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 #
1. Corporation Name

Principal Place of Business

K76063

(2)

Mailing Address

COAST ENGINE & EQUIPMENT COMPANY, INC.

| 2A Port Canav Us | FERAL FL 32920 | 739 SCALLOP DR #59 CAPE CANAVERAL FL 32 US | 920-4533 | DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 03/28/1989 | SPACE |
|---|--|--|--|---|--|
| | ace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| | Scallop Dr | 26 | | 59-3044441 | Not Applicable |
| Suite, Apt. # 5 | 9 | Suite, Apt. #, etc. | ·* - · · · · · · · · · · · · · · · · · · | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 | e Canaveral FL | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip3292 | 0 Country USA | Zip 29 | Country 30 | This corporation owes or has paid the corporation owes or has paid the corporation of the paid the corporation of the paid t | ırrent yoar Intangible ☑ Yes ☑ No |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| NORWICH, WILLIAM G. 45 SOUTH ATLANTIC AVENUE | | | 81 Name | | |
| | | | 82 Street / | Address (P.O. Box Number is Not Acceptable) | |
| CU | COA BEACH FL 32931 | | 63 | | |
| | | | | | |
| | | | 84 City | FL | 85 Zip Code |
| office or re agent. I ar | o the provisions of Sections 607.050; aglatered agent, or both, in the State in familiar with, and accept the obliga | of Florida. Such change was a | uthorized by the corp | corporation submits this statement for the purpose operation's board of directors. I hereby accept the ap | of changing its registered pointment as registered |
| SIGNATURE | Signature, typed or printed name of registered agmi | nt and trile if applicable (NOTE | Registered Agent signature | required when reinstating) DATE | |
| 12. | OFFICERS AND | DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTORS IN 12 |
| TIFLE | Р | ☐ DELĒTE | 1.1 TITLE | | ≰ Change ☐ Addition |
| NAME | ROGERS, LOUIS T | | 1.2 NAME | | |
| STREET ADDRESS | 840 N ATLANTIC, C501 | | 1.3 STREET ADDRESS | 319 Pioneer Rd Merritt Island FL 329 | 353 |
| CITY-ST-ZIP | COCOA BEACH FL D | DELETE | 1.4 CITY - S1 - ZIP 2.1 TITLE | Mellice Island FB 52. | K Change Addition |
| NAME | ROGERS, MARILYN G. | C OCCUP | 2.2 NAME | | CET Charific ET Wantigut |
| STREET ADDRESS | 840 N ATLANTIC C501 | | 2.3 STREET ADDRESS | 319 Pioneer Rd | |
| CITY-ST-ZIP | -COCOA BEACH FL | | 2. 4 City-St-ZiP | Merritt Island FL 3295 | 53 |
| TITLE | | ☐ DELETE | 3.1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADORESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3 4. CITY - ST - ZIP | | |
| TITLE | | ☐ DELE te | 4.1 TITLE | | L Change L Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | i |
| CITY-ST-ZIP TITLE | | DELETE | 4.4 CITY - ST - ZIP 5.1 TITLE | | Change Addition |
| NAME | | presse | 5.1 ITTLE 5.2 NAME | | Change Rookfull |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| 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 | | |

14. Thereby 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 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. Marilyn G. Rogers W. A. C.

FILED

Apr 06 1998 8:00am

Secretary of State