

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # K78548 (0)**

1. Corporation Name

**CORAL COMMERCE COMPANY, INC.**



Principal Place of Business

Mailing Address

% SUSAN CHIESA  
1000 E. ATLANTIC BLVD., SUITE 100  
POMPANO BEACH FL 33060

% SUSAN CHIESA  
1000 E. ATLANTIC BLVD., SUITE 100  
POMPANO BEACH FL 33060

3. Date Incorporated or Qualified  
**04/07/1989**

3a. Date of Last Report  
**02/27/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHIESA, SUSAN  
1000 EAST ATLANTIC BLVD.  
SUITE 100  
POMPANO BEACH FL 33060

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D CHIESA, SUSAN**  
STREET ADDRESS **1000 E. ATLANTIC BLVD.**  
CITY-ST-ZIP **POMPANO BEACH FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

1.2 NAME

TITLE ☐ DELETE

1.3 STREET ADDRESS

TITLE ☐ DELETE

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

2.2 NAME

TITLE ☐ DELETE

2.3 STREET ADDRESS

TITLE ☐ DELETE

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

3.2 NAME

TITLE ☐ DELETE

3.3 STREET ADDRESS

TITLE ☐ DELETE

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

4.2 NAME

TITLE ☐ DELETE

4.3 STREET ADDRESS

TITLE ☐ DELETE

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

5.2 NAME

TITLE ☐ DELETE

5.3 STREET ADDRESS

TITLE ☐ DELETE

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

6.2 NAME

TITLE ☐ DELETE

6.3 STREET ADDRESS

TITLE ☐ DELETE

6.4 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)(k), 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:

*Susan Chiesa, Dir.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*January 20, 1996*  
Date  
*941-1039*  
Daytime Phone #

CR2E034 (12/95)