

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

FILED

Jan 14 1997 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997 | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|---|--|--|--|
| DOCUMENT # L46195 (8) | | | |
| 1. Corporation Name LOWELL W. COFFIN, INC. | | | |
| Principal Place of Business 1395 A1A HIGHWAY STE 204 SATELLITE BCH FL 32937 US | | Mailing Address 1395 A1A HIGHWAY #204 SATELLITE BCH FL 32937-2463 US | |
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | |
| 22 City & State | | 27 City & State | |
| 23 Zip | | 28 Zip | |
| 25 Country | | 30 Country | |
| 9. Name and Address of Current Registered Agent COFFIN, LOWELL W. 1395 A1A HIGHWAY #204 SATELLITE BEACH FL 32937 | | 10. Name and Address of New Registered Agent | |
| 81 Name | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | | 84 City | |
| 85 Zip Code | | FL | |
| 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 _____ <small>(Signature typed or printed name of registered agent and the date of signature) (NOTE: Registered Agent signature required when reissuing)</small> | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE _____ NAME COFFIN, LOWELL W. <input type="checkbox"/> DELETE | | 1.1 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 1395 A1A HIGHWAY #204 | | 1.2 NAME _____ | |
| CITY-ST-ZIP SATELLITE BEACH FL | | 1.3 STREET ADDRESS _____ | |
| 1.4 CITY-ST-ZIP _____ | | 1.4 CITY-ST-ZIP _____ | |
| 2.1 TITLE _____ <input type="checkbox"/> DELETE | | 2.1 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 2.2 NAME _____ | | 2.2 NAME _____ | |
| 2.3 STREET ADDRESS _____ | | 2.3 STREET ADDRESS _____ | |
| 2.4 CITY-ST-ZIP _____ | | 2.4 CITY-ST-ZIP _____ | |
| 3.1 TITLE _____ <input type="checkbox"/> DELETE | | 3.1 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 3.2 NAME _____ | | 3.2 NAME _____ | |
| 3.3 STREET ADDRESS _____ | | 3.3 STREET ADDRESS _____ | |
| 3.4 CITY-ST-ZIP _____ | | 3.4 CITY-ST-ZIP _____ | |
| 4.1 TITLE _____ <input type="checkbox"/> DELETE | | 4.1 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 4.2 NAME _____ | | 4.2 NAME _____ | |
| 4.3 STREET ADDRESS _____ | | 4.3 STREET ADDRESS _____ | |
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| 6.2 NAME _____ | | 6.2 NAME _____ | |
| 6.3 STREET ADDRESS _____ | | 6.3 STREET ADDRESS _____ | |
| 6.4 CITY-ST-ZIP _____ | | 6.4 CITY-ST-ZIP _____ | |
| 14. I do 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 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: <i>Lowell W. Coffin</i> | | 1-7-97 407 779-3288 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |



CR2E034 (9/96)