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Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L50040** (9)
1. Corporation Name
COAST-TO-COAST RELOCATION CORPORATION

Principal Place of Business

**C/O RE/MAX REALTY
7301 NW 4TH ST. #107
PLANTATION FL 33317**

Mailing Address

**C/O RE/MAX REALTY
7301 NW 4TH ST. #107
PLANTATION FL 33317-2234**

3. Date Incorporated or Qualified
02/15/1990

3a. Date of Last Report
09/13/1996

2. Principal Place of Business

21 **C/O Re/Max Realty Larry Quinn**
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 **2 South University Dr. Suite 100**
City & State

27 City & State

23 **Plantation FL**
Zip

28 Zip

24 **33324** Country

29 Country

9. Name and Address of Current Registered Agent

**QUIN, LARRY
C/O RE/MAX REALTY
7301 NW 4TH ST. #107
PLANTATION FL 33317**

4. FEI Number
65-0183228

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **TSD**
STREET ADDRESS **QUINN, LARRY J.**
CITY - ST - ZIP **7301 NW 4TH ST. #107
PLANTATION FL 33317**

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **FISHER, ROMAN**
CITY - ST - ZIP **7301 NW 4TH ST. #107
PLANTATION, FL 33317 33137**

TITLE ☐ DELETE
NAME **VPD**
STREET ADDRESS **CADDY, GLENN R**
CITY - ST - ZIP **7301 NW 4TH ST., #107
PLANTATION FL 33317**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY J. QUINN

3/31/97
Date

954-382-5510
Daytime Phone #

0276915

CR2E034 (9/96)