

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

DOCUMENT # L57959

(3)

95 JUL 25 AM 8:12

1. Corporation Name

COAST FINANCIAL SERVICES INC.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

C/O MICHAEL E. SANDS
P.O. BOX 272157
BOCA RATON FL 33427

Mailing Address

C/O MICHAEL E. SANDS
P.O. BOX 272157
BOCA RATON FL 33427

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1990

3a. Date of Last Report

04/19/1994

4. FEI Number

65-0179418

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANDS, DENISE E
800 E GREENSWARD CT
STE 1-104
DELRAY BCH FL 33445

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 re-electing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD VSD
NAME SANDS, MICHAEL E.
STREET ADDRESS 800 E GREENSWARD CT, STE 1-104
CITY ST ZIP DELRAY BEACH FL

1.1 TITLE PVSTD
1.2 NAME @ Sands, Michael E
1.3 STREET ADDRESS P.O. Box 272157
1.4 CITY ST ZIP Boca Raton, FL 33427

☒ Change ☐ Addition

TITLE VSD
NAME SANDS, DENISE E.
STREET ADDRESS 800 E GREENSWARD CT, STE 1-104
CITY ST ZIP DELRAY BEACH FL

2.1 TITLE
2.2 NAME Remove
2.3 STREET ADDRESS
2.4 CITY ST ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

☐ Change ☐ Addition

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 110 (2)(3)(b), 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 registered 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

7/18/95

407-279-0202

CR2E034 (3/95)