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

PROFIT CORPORATION ANNI IAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED Jan 21 1998 8:00am

	1998			Secretary of State DIVISION OF CORPORATIONS		Secretary of State			
DOCUI 1. Corporation CORAL	MENT # L	.66241 MENTS, INC.	(5)						
Principal Plac	of Business		Mailing Address	·					
217 LUCAS S SUITE B						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
	1		••	04/18/1990	,		Í		
	ace of Business	 	a. Mailing Address	25		4. FEI Number 65-0189060	····	``	plied For
21 261 Suite, Apt.	1 Rivertow	ne Pkwy 26	PO Box 7 Suite, Apt. #, etc.	25	· · · · · ·			Not \$8.75 A	Applicable
22		27	n '''			5. Certificate of Status Desired		Fee Re	
City & State		SC 29464	City & State Mt. Plea	sant,	SC 294	6. Election Campaign Financing Trust Fund Contribution		\$5.00 (
Zip	Cour		Z _i p	Country		8. This corporation owes or has	paid the currer		
24 294		ISA 29		30 US.	A	Personal Property Tax due Ju			No
CO	RTES, NICOLAS	ress of Current Reg	istered Agent	81	Name	10. Name and Address of New i	1egistered Ag	ent	
	O S. BAYSHORE D	R.		B2	Street Addr	ess (P.O. Box Number is Not Accept	tabla)		~
	2015				Street Addit	ess (F.O. Box Number is Not Accept	abie)		
MIA	MI FL 33131			83					
<u> </u>				84	City		FI	85 Zip C	ode
11. Pursuant	to the provisions of Se	ections 607.0502 and	607.1508, Florida State	ites, the above	e-named corp	oration submits this statement for the on's board of directors. I hereby according		langing its	registered
office or ri agent. I a	egistered agent, or bo m familiar with, and ac	oth, in the State of Flo ocept the obligations	rida. Such change wa s of, Section 607.0605, F	authorized by forida Statutes	the corporati	on's board of directors. I hereby acc	ept the appoin	tmont as r	egistered
SIGNATURE									
12.	Signature, typed or printed na	OFFICERS AND DIR		TE Registered Age	ent signature require	ad when reinstating) ADDITIONS/CHANGES TO OFF	DATE FIGERS AND D	IRECTOR!	3 IN 12
TITLE	DST		DELETE	1.1 TITLE		OST		Change	Addition
NAME	CORTES, J. ALE			1.2 NAME		_			
STREET ADDRESS	217 LUCAS ST., MT. PLEASANT :			1.3 STREET	ADDRESS	Cortes, J. Aleja 2611 Rivertowne	naro Pkwy		إ
CITY-ST-ZIP TITLE	DP DP		DELETE	1.4 C/TY - S 2.1 T/TLE	T- Z(P	Mt. Pleasant, SC	29261	Change	Addition
NAME	VALELLY, STEPH	IEN J.		2.1 MILE 2.2 NAME		P /alelly, Stephen		Charite	□ Addition
STREET ADDRESS	217 LUCAS ST.,			2.3 STREET	ADDRESS	2611 Rivertowne H	∪. >kwv		
CITY-ST-ZIP	MT. PLEASANT	SC		2. 4 CITY-5	ST-ZIP M	t. Pleasant, SC	29464		
TITLE		-	☐ DELETE	3.1 TITLE				Change	Addition
NAME				3.2 NAME	Ì				
STREET ADDRESS				3.3 STREET	* *				
CITY-ST-ZIP TITLE			DELETE	3.4, CITY - S 4.1 TITLE	SI-ZIP			Change	Addition
NAME				4. 2 NAME			_		
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZIP	·· ···· ·			4.4 CITY-S	T-ZIP				
TITLE			☐ DELETE	5.1 TITLE				Change	Addition 1
NAME CERTET ABOREOU				5.2 NAME	IDDD555				
STREET ADDRESS				5.3 STREET					
CITY-ST-ZIP TITLE			☐ DELETE	5.4 CITY-S 6.1 TITLE	1-211		— П	Change	Addition
NAME			 :	6.2 NAME	1			9 -	
STREET ADDRESS				63 STREET	ADDRESS				
CITY-ST-ZIP				6.4 DITY-S					
14. I hereby ¢	ertify that the informat	tion supplied with this	titing does not qualify	for the exempt	tion stated in S	Section 119.07(3)(i), Florida Statutes	I further certify	that the i	nformation

Interept worms that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio 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 pr Block 13 if changed, or on an attachment with an address.