


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

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Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L96137 (9) 1. Corporation Name JAMES COFFEY, INC.					
Principal Place of Business 1127 SEMINOLE EAST SUITE 5A JUPITER FL 33477 US			Mailing Address P.O. BOX 849 JUPITER FL 33468-0849 US		
2. Principal Place of Business 21 8255 S.E. GOVERNORS way Suite, Apt. #, etc. 22 City & State 23 HOBE Sound, Florida Zip Country 24 33455 25 USA		2a. Mailing Address 26 8255 S.E. GOVERNORS way Suite, Apt. #, etc. 27 City & State 28 HOBE Sound, Florida Zip Country 29 33455 30 USA		3. Date Incorporated or Qualified 08/13/1990 4. FEI Number 65-0218607 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent COFFEY, JAMES 1127 SEMINOLE EAST SUITE 5A JUPITER FL 33477			10. Name and Address of New Registered Agent 81 Name COFFEY, JAMES 82 Street Address (P.O. Box Number is Not Acceptable) 8255 S.E. GOVERNORS way 83 84 City HOBE Sound FL 85 Zip Code 33455		
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 DPT <input type="checkbox"/> DELETE NAME COFFEY, JAMES STREET ADDRESS 1127 SEMINOLE EAST SUITE 5A CITY-ST-ZIP JUPITER FL TITLE VS <input type="checkbox"/> DELETE NAME COFFEY, MARGARET G. STREET ADDRESS 1127 SEMINOLE EAST, SUITE 5A CITY-ST-ZIP JUPITER FL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME COFFEY, JAMES 1.3 STREET ADDRESS 8255 SE GOVERNORS way 1.4 CITY-ST-ZIP HOBE Sound, FL 33455 2.1 TITLE VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME COFFEY, MARGARET G. 2.3 STREET ADDRESS 8255 SE GOVERNORS way 2.4 CITY-ST-ZIP HOBE Sound, FL 33455 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
14. I 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.					



DO NOT WRITE IN THIS SPACE

SIGNATURE

 **JAMES COFFEY** Director/Pres. 1-561-545-2121

CR2E034 (10/97)