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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

OCHMENT # MAAA

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FILED										
Mar	19	1997	8:00am							
Se	cret	tary of	f State							

1. Corporation	ON Name COAST C		, INC.	+	(9)								
Principal Place of Business 1800 WEST 10TH ST RIVIERA BEACH FL 33404 US		1 F	Mailing Address 1800 West 10th Street Riviera Beach FL 33404-6436 US					L ABBIDDI) AFB BAFA BARA DADOI AIDII DII	<b>              </b>	JARAN DIBIH BIDIN	Olbik igoi		
**										3. Date Incorporated or Qualified		ate of Last R	teport
2. Principal F	Place of Busin	noce			Mailing Address					01/11/1988 4. FEI Number	1 017	30/1996	oplied For
21	1000 01 2001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		26	1					65-0022327			ot Applicable
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75				
22 City & Stat	to			27	City & State							<del></del>	beniupe
23				28	1					<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>		\$5.00 Added	
Zip	· · · · · · · · · · · · · · · · · · ·	Coun	try	1	. <del>Ζ</del> φ	Co	intry	/		8. This corporation has liability for		tax under s	
24	5 Name	25	ess of Curren	29		30	T			Florida Statutes  0. Name and Address of New Ro	Yes		
CH	ASE, WALT		ess of Curren	ii Hegi	stered Agent	·	81	Name	1	U. Name and Address of New A	gistered	Agent	
	42 EGRET		LN				82	Stroot A	Addross	(P.O. Box Number is Not Accepta	blo		
	ST PALM B						L_	Silectiv		(i .O. Box Number is Not Accepta			
							83						
							84	City			FL	85 Zip i	Code
11. Pursuant	to the provis	sions of So	ctions 607.050	2 and	607.1508, Florida <b>S</b> ta	atules, the a	L bov	I e-named c	corpora	tion submits this statement for the		changing it	s registered
office or i agent. I a	registered ag am familiar w	gent, or bo ith, and ac	th, in the State cept the obliga	of Flor ations o	rida. Such change w. of, Section 607,0505	as authorizo , Florida Sta	d by tute:	y the corp: s.	ooration'	tion submits this statement for the s board of directors. I hereby acce	pt the app	ointment as	registered
SIGNATURE							=						
12.	Signature, typed		ne of registered ago OFFICERS AN			NOTE: Registere	d Age	ont signature r	w berupar	hen reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTOR	RS IN 12
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STREET ADDRESS		GRET PO						ADDRESS					
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CITY-ST-ZIP								S1- ZIP					
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NAME	]					6.2 N							Ì
STREET ADDRESS	1							ADDRESS					
CITY-ST-ZIP	hu costifu the	t the infer	notice consider	T with 1	this titure does not be	■ 64 C	IIY-S	31-ZIP 1	totod in t	Section 110 07/2Vi) Florida Statut	n I fuelbor	coorliby that	this

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the ryort is true and accurate and that my signature shall have the same legal effect as if made under oath; that y empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name in an address. I do nefety certify that the information supplies who are single cost information indicated on this annual report or supplemental annual 1 am an officer or director of the corporation or the receiver or trust appears in Block 12 or Block 13 if ghanged, or of an attachment will