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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M74181

COASTAL SUN CONCEPTS, INC.

Principal Place of Business Mailing Address								TIBLI BIBLI BIBLI		
3013 BAMBOO ST.		3013 BAMBOO ST.								
STUART FL 34997		STUART FL 34997								
							DO NOT WRITE IN THI	S SPACE		
					4		3. Date Incorporated or Qualifed 03/29/1988			
2. Principal P	lace of Business	2a. M	ailing Address				4. FEI Number	A	pplied For	
21		26	•				31-1240673	N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certifcate of Status Desired	•	Additional	
22		27					o. Contracto di Citata Decirco	Fee R	equired	
City & State		City & State				-	6. Election Campaign Financing	•	May Be	
23		28					Trust Fund Contribution		to Fees	
Zip	Country	— · · · ·	Zip Country				8. This corporation owes the current year Intangible Personal Property Tax. Yes			
24	25	29		30			Personal Property Tax.	Yes	≱⊒NO	
	9. Name and Address of Curre	int Register	ed Agent		31	Name	10. Name and Address of New Registered	Agent		
7IMI	MERER, ALEXANDRE				"	Name				
3013 BAMBOO ST.				[8	32	Street Add	ress (P.O. Box Number is Not Acceptable)			
	ART FL 34997				33					
0.0	7411 1 2 3 133 1			["					
				1	34	City	F	85 Zip	Code	
44 5		00 607	1500 Fladda Statu	too the ob		named con	poration submits this statement for the purpose of	f changing it	e registered	
office or r	egistered agent, or both, in the State	e of Florida.∜	Such change was a	authorized l	by th	he corporat	ion's board of directors. I hereby accept the appoint	ointment as r	egistered	
agent. I a	m familiar with, and accept the oblig	ations of, Se	ction 607.0505, Flo	orida Statut	es.					
SIGNATURE	Elevative for an existed some of recipions of	ent and title if any	dicable (NOT)	: Decistered A	cent :	eignature requir	ed when reinstating) DATE			
Signature, typed or printed name of registered agent and title if applicable. (No. 12. OFFICERS AND DIRECTORS'				13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	
TITLE	PST		DELETE	1.1 TITL	E			Change	Addition	
NAME	ZIMMERER, ALEXANDRE		•	1.2 NAM	Æ					
STREET ADDRESS	COAC BANDOO OT			1.3 STR	EETA	ADDRESS			ļ	
CITY-ST-ZIP	STUART FL			1.4 CITY					j	
TITLE	V		☐ DELETE 2.1 TII					Change	☐ Addition	
NAME	SHAFFER, E. KEITH	2:		2.2 NAM	2.2 NAME					
STREET ADDRESS	3013 BAMBOO ST			2.3 STR	EET A	ADORESS				
CITY-ST-ZIP	STUART FL			2.4 CIT	Y-ST-	-ZIP				
TITLE	T		☐ DELETE	3.1 TITL				Change	☐ Addition	
NAME	SPARLING, JOHN A.		-	3.2 NAM	E .	-				
STREET ADDRESS	3013 BAMBOO ST			3.3 STR	EET A	ADDRESS				
CITY+ST-ZIP	STUART FL			3.4. CIT	Y-ST-	- ZIP				
TITLE			☐ DELETE	4.1 TITL	E			Change	☐ Addition	
NAME				4. 2 NA	Æ					
STREET ADDRESS				4.3 STR	EET A	ADDRESS			ì	
CITY-ST-ZIP				4.4 CITY	'-ST-	ZIP	<u></u>			
TITLE		-	☐ DELETE	5.1 TTTL	E			Change	☐ Addition	
NAME				5.2 NAM	E					
STREET ADDRESS	,			5.3 STR	EET A	ADDRESS				
CITY-ST-ZIP				5,4 CITY		ZIP				
TITLE			☐ DELETE	6.1 TITL	E			☐ Change	Addition	
NAME	I			-6.2 NAM		1				
TOURIL	1			-0.2 NAW	IE.					

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 reserver 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. The same legal effect as if made under oath; that I am an officer or director of the corporation or the reserver 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.

6.4 C(TY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #

FILED
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90131 049 ***150.00