PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90227 035 \*\*\*163.75 07-15-1999 90005 050 \*\*\*150.00

DOCUMENT #  1. Corporation Name	M89697

CORAL EXPORTS, INC.

SIGNATURE:

Principal Place	of Business	Mailing Address				-
100 MIDDLE RE		P.O. BOX 6742 LAKE WORTH FL 33466-6	742			
US	L 30404		. ,_			DO NOT WRITE IN THIS SPACE
						3. Date incorporated or Qualified
						07/08/1988
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0086588   Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				Pee Required
City & State	3	City & State				6. Election Campaign Financing \$5.00 May Be
23		28	1 6			Trust Fund Contribution L Added to Fees
<sup>Zip</sup>	Country	Zip		ntry		8. This corporation owes the current year Intensible Personal Property.
24	25	29	30			Intangible Personal Property. Yes No  10. Name and Address of New Registered Agent
<del></del>	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Registered Agent
DE I	NEZZA, PHILLIP J.					
	D BONITA ISLE DRIVE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)
	E WORTH FL 33467		}	83		
D ((1)	E WOMME GOVE			"		
				84	City	FL 85 Zip Code
	<u></u>		<u></u> _l			
office or s	to the provisions of sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was	authorized	1 DV f	he corporation	ation submits this statement for the purpose of changing its registered in's board of directors. I hereby accept the appointment as registered
-	an tanana wang and accept and cong	,,				
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable. (N	OTE: Register	red Age	ent signature requir	red when reinstating) DATE
12.	OFFICERS AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TIT	LE		Change Addition
NAME	DE NEZZA, PHILLIP J		1.2 NA	ME		
STREET ADDRESS	8450 BONITA ISLE DR.		1.3 STREE		UDDRESS	
CITY-ST-ZIP	LAKE WORTH FL		1.4 CIT	Y-\$T-Z	ZiP	
TITLE		☐ DELETE	2.1 TIT	LÉ		Change Addition
NAME			2.2 NA	ME.		
STREET ADDRESS			2.3 STF	REETA	ADDRESS	· _
CITY-ST-ZIP			2.4 CIT	Y-8T-2	ZiP	
TITLE		DELETE	3.1 TIT	LE		Change Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 STI	REETA	ADDRESS	
CITY-ST-ZIP			3.4 CIT		ZIP	
TITLE		DELETE	4.1 TIT	'LE		Change Addition
NAME			4.2 NA	ME		
STREET ADDRESS			4.3 ST	REET A	ADDRESS	
CITY-ST-ZIP			4.4 C1	TY-ST-Z	ZIP	
TITLE		DELETE	5.1 TIT	LE		Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 ST	REET A	ADDRESS	
CITY-ST-ZIP		<u> </u>	5.4 CI		ZIP	
TITLE		DELETE	6.1 TIT	LE	1	Change Addition
NAME			6.2 NA	ME		
STREET ADDRESS			6.3 ST	REETA	ADDRESS	
CITY-ST-ZIP			6.4 CI	TY-ST-2	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 of 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, of the corporation with an address.



58866-90005-50 M89697

West Palm Beach: 407-433-9213

Fax

:407-433-1346

P. O. Box 6742 • Lake Worth, Florida 33466

JULY-1-1999

SIR: - -INVIEW OF THE FACT I DID NOT RECEIVE THE FIRST FILING REPORT, I IMMEDIATELY CALLED AND SPOKE TO A REPRESENTAVIVE AND WAS INFORMED TO SUBMIT A CHECK FOR \$150.00 FOR 1999 CORPERATE AMMUAL REPORT, THAND YOU FOR YOUR CO-OPERATION.