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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

(6)

**COASTAL 2920 CORPORATION** 

**FILED** Feb 02 1998 8:00am Secretary of State



5: 1: (6)					
Principal Place of Business Mailing Address					
28100 US 19 N. 28100 US 19 N.					
STE 208 CLEARWATER FL 34621		STE 208 CLEARWATER FL 34	1691		DO NOT WRITE IN THIS SPACE
US	in the order	U\$	1021		3. Date Incorporated or Qualified  09/21/1988
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			<b>59-2955488</b> Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc			CO 75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cour	itry	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered Agent
u	ESSER, JASON K.			B1 Nam	me
28100 US HWY 19 N			ŀ	Pa Circo	act Addrson (D.O. Boy Nymher is Not Acceptable)
	TE 208		82 Street Addr		eet Address (P.O. Box Number is Not Acceptable)
CLEARWATER FL 34621			<b> </b>	B3	
•			L	<u> </u>	
				B4 City	y FL 85 Zip Code
11. Pursuan	to the provisions of Sections 607.05	02 and 607.1508. Florida S	talutes, the ab	l ove-name	ned corporation submits this statement for the purpose of changing its registered
office or	registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such change v	vas authorized	by the co	corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered as	gent and little if applicable VD DIRECTORS	[NO1E: Registered	Agent signati	ature required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP OFFICERS AT	DELETE		C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	LESSER, JASON K.				Change Adulton
	ANADA LIO LEUR JON OTE AN	ال <i>ک</i> و	1.2 NAI		
STREET ADDRESS	CLEARWATER FL	<i>,,</i> , , , , , , , , , , , , , , , , , ,		EET ADDRESS	SS
CITY-ST-ZIP	.1	□ Sciett		/-ST-ZIP	
TITLE	DS	☐ DELETE			☐ Change ☐ Addition
NAME	LESSER, MARSHA L.	ا اسم ۵۰	2.2 NA#	4E	
STREET ADDRESS		16 9 V I	2.3 STR	eet address	SS
CITY-ST-ZIP	CLEARWATER FL			Y-ST-ZIP	
TITLE	DVP	☐ DELETE	3.1 TiTI	E	☐ Change ☐ Addition
NAME	TRAUB, JOEL S.		3.2 NAN	<b>t</b> E	
STREET ADDRESS	28100 US HWY. 19 N #200	. 5 //	3.3 STR	EET ADDRESS	ss
CITY-ST-ZIP	CLEARWATER FL		3.4. CIT	Y - \$1 - ZIP	
TITLE		DELETE	4.1 TITE	E	Change Addition
NAME			4. 2 NA	Æ	
STREET ADDRESS	1		4.3 STR	EET ADDRESS	ss
CITY-ST-ZIP				-ST-ZIP	
TITLE	<u> </u>	☐ DELETÉ			, Change Addition
NAME			52 NAM		
STREET ADDRESS				EET ADDRESS	22
					oo
CITY-ST-ZIP	<del></del>	☐ DELETE		-ST-ZIP	Change Addition
TITLE		☐ Detest	1 1		Change
NAME	1		6.2 NAA		
STREET ADDRESS			6.3 STR	ET ADDRESS	SS
CITY-ST-ZIP			6.4 CITS	- ST- 7IP	

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 ampowered 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.