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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

DOCUMENT # P17731

(1)

Suite, Apt. #, etc.

City & State

Zip

THE COAST DISTRIBUTION SYSTEMS, INC.

Country

9. Name and Address of Current Registered Agent

25

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD

Principal Place of Business

Mailing Address

1962 ZANKER RD

BOX 26888

SAN JOSE CA 95159

2. Principal Place of Business

Mailing Address

Mailing Address

2a. Mailing Address

26

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FILED
Jan 26 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

(408) 436-8611

Not Applicable

3. Date Incorporated or Qualified

01/21/1988

94-2490990

5. Certificate of Status Desired

Election Campaign Financing Trust Fund Contribution

Personal Property Tax due June 30.

Name and Address of New Registered Agent

4. FEI Number

1200 S. PINE ISLAND ROAD		82 Street	Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324		83	
		00	
		84 City	FL 85 Zip Code
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 little if applicable, (NOTE: Registered Agent signature regulared when reinstalling)  DATE			
	Signature, typed or printed name of registered agent and title if applicable. (NOTE:  OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PD DELETE	13. 1.1 TITLE	Change Addition
	MCGUIRE. THOMAS R.	1.2 NAME	Onlingo recorder
NAME	1982 ZANKER RD		
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE CA VS DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Change Addition
TITLE			Change Mandon
NAME	KNELL, SANDRA A.	2.2 NAME	
STREET ADDRESS	1982 ZANKER RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	SAN JOSE CA V   DELETE	2. 4 CITY - ST - ZIP	Change Addition
TITLE	<u> </u>	3.1 TITLE	Li Change Li Addition
NAME	BERGER, DAVID A.	3.2 NAME	
STREET ADDRESS	1982 ZANKER RD	3 3 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE CA	3.4, CITY-ST-ZIP	
TITLE	D DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FRYDMAN, BEN A.	4, 2 NAME	
STREET ADDRESS	660 NEWPORT CTR DR #1600	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA	4.4 CITY - ST - ZIP	
TITLE	D DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	<del>Frydman,</del> Brian Freid Mani	5.2 NAME	FREIDMAN, BRIAN
STREET ADDRESS	230 PARK AVE	5.3 STREET ADDRESS	•
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	D DELETE	6.1 TITLE	Change Addition
NAME	SULLIVAN, LOUIS B.	6.2 NAME	
STREET ADDRESS	865 CHAPMAN STREET	6.3 STREET ADDRESS	<b>,</b>
CITY-ST-ZIP	SAN JOSE CA	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.			

Country

Name

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