FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE;



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1	AL REPORT 996	D	Secretary IVISION OF CC		ons				
DOCUM		0000133	17 (2)						
	COAST PLATING, INC.	ie.							
Principal Place o	f Business	Mailing Add	ress				86)) 6 9)(1 84(4	11 (1966 11166 1111	9) ((8)) (88) (88)
5415 NW 241		5415 NM	24TH STREET						
#101	0/000	#101 MARCAT	TE EL 20062						
MARGATE FL 3:063 US		US	MARGATE FL 33063 US		3. Date Incorporated or Qualified 12/21/1992 3a. Date of Last Report 05/01/1995			95	
2. Principal Plac	e of Business	2a. Mailing A	Address			4, FEI Number 65-0382029			pplied For lot Applicable
21		26 Suite Ar	ot. #, etc.						Additional
Suite, Apt. #,	etc.	27	3t. π, etc.			5. Certificate of Status Desired		Fee R	tequired
City & State		City & S 28	tate			Election Campaign Financing Trust Fund Contribution		Added	May Be I to Fees
Zip	Country	Zip		Country	,	8. This corporation has liability fo	r intangible∶ s □No	tax under s	199.032,
24	9. Name and Address of C	29		30		Florida Statutes Ye		Agent	
	9, Name and Address of C	Ultelli Negisleleu Ag	IOIN.	81	Name	10, (
GLASSE	BERRY, DAVID M			82	Street Addr	ress (P.O. Box Number is Not Accepta	able)		
1450 MADRUGA AVE					Street Addi	1633 (110) 500	,		
SUITE 3	302			83					
CORAL	GABLES FL 33146			B4	City		F	85 Zip	Code
					1 0				
		0500 10074500 5	Se dela Ctatuta	the chave	1 1	vation submite this statement for the n			eaistered office
11. Pursuant to or registere	the provisions of Sections 607	7.0502 and 607.1508, F of Florida. Such change	lorida Statutes, was authorized	, the above- l by the corp	1 1	ration submits this statement for the p ard of directors. I hereby accept the ap			egistered office agent. I am
11. Pursuant to or registere familiar with	the provisions of Sections 607 d agent, or both, in the State o n, and accept the obligations of	7.0502 and 607.1508, F of Florida. Such change f, Section 607.0505, Flo	lorida Statutes, was authorized orida Statutes.	, the above- by the corp	1 1	ration submits this statement for the p ard of directors. I hereby accept the ap			egistered office agent, I am
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tamiliar with	n, and accept the obligations of signature, typed or printed name of registers	ed agent and title if applicable	(NOTE	Rogistered Age	named corpo coration's boa of algosture require		urpose of c pointment a	hanging its re as registered	RS IN 12
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DED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR