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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

	JMENT # ion Name COAST PLA	P92000 ATING, INC.	0133	317 (2)			
Principal Pla	ace of Business		Mailing	Address			——————	
1130 S PO	Werline RD		1130 S	POWERLINE RE)			
101					•			DO NOT WRITE IN THIS SPACE
DEERFIELD BCH FL 33442 US			DEERFIELD BCHK FL 33442 US					3. Date Incorporated or Qualified
00			03					12/21/1992
2. Principal	Place of Busines	is	2a. Mailing Address					4. FEI Number Applied For
21			26					65-0382029 Not Applicat
Sulte, Ap	ot. #, etc.		Suite, Apt. #, etc.					5 Cartificate of Status Desired \$8.75 Additional
22			27					Fee Required
City & St	ate		City & State					6. Election Campaign Financing \$5.00 May Be
Zip Country			Z(p) Country			mire	, 	Trust Fund Contribution Added to Fees
24]	25	3 1	29		30	at tir y	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
		nd Address of Current		Agent	1301			10. Name and Address of New Registered Agent
0	ASSRERRY F	DAVID M	-			81	Name	6
GLASSBERRY, DAVID M 1450 MADRUGA AVE						82	Street	at Address (P.O. Box Number is Not Acceptable)
	UITE 302	****			•		Suggl	A Address (1.70, Dox Humber to Not Acceptable)
CORAL GABLES FL 33146						83		
-						84	City	■. 85 Zip Code
								FL
11. Pursuan	nt to the provision	s of Sections 607,0502	and 607.15	08, Florida Stati	utes, the a	bove d hv	e-named	ed corporation submits this statement for the purpose of changing its registere propration's board of directors. I hereby accept the appointment as registered
agent. I	am familiar with	and accept the obliga	lions of, Soc	tion 607.0505, F	lorida Sta	tutes	3.	processing the process of disorders the process the process of the
SIGNATURE	<u></u>			·				
12.	Signature typed or p	printed name of registered agri-			13.	d Age	nt signature	ure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	⊤ P	OT HOLING MAY	3111 01011	DELETE	1.5 TI	TLE	····	Change Additi
NAME	STONE, B.	ARRY G			1.2 N	AME		1
STREET ADDRESS		24TH ST SUITE 101			1.3 \$	TREET	ADDRESS	
CITY-ST-ZIP	MARGATE				1.4 0	TY-S	1 - ZIP	Deer field Beach, FL 33442
TITLE	DVST			DELETE	2.1 Ti	TLE		Change Addition
NAME		lo, Joseph			2.2 N	AME		1130 S. Powerline Rd #101
STREET ADDRESS		24TH STREET #10	1				ADDRESS	
CITY-ST-ZIP	MARGATE	FL 33063		DELETE			ST-ZIP	Deerfield Beach, Fc 35442
TITLE				☐ DELETE	3.1 10			Change Additi
NAME OTREET ADDRESS	. \				3.2 N		*******	
STREET ADDRESS)						ADDRESS	
CITY-ST-ZIP				DELETE	3.4. U		ST-ZIP	☐ Change ☐ Additi
NAME					4.2 N			- State of the sta
STREET ADDRESS	,						ADDRESS	
CITY-ST-ZIP	1					ITY-S		
TITLE				DELETE	5.1 TI			Change Addition
NAME					5.2 N	AME		
STREET ADDRESS	3				5.3 \$	TREET	ADDRESS	5
CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·		5.4 C	ITY-S	T - ZIP	
TITLE				DELETE	6.1 TI	TLE		☐ Change ☐ Additi
NAME	46				6.2 N	AME		
STREET ADDRESS					6.3 \$1	TREET	ADDRESS	
CITY-ST-ZIP			<u> </u>	1		ITY-S		1 11 0 10 11 11 0 11 11 0 11 11 0 11 11
officer o	or director of the c	nformation stipplied ware report of supplemental corporation of the rece hanged, or on an attag	out of trucke	loes not qualify it is true and ac e empowered to n address.	ior the exi ocurate an o execute i	empt d tha this r	non state at my sig report as	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio signature shall have the same legal effect as if made under oath; that I am an as required by Chapter 607, Florida Statutes; and that my name appears in