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

Mailing Address

1800 W. HIBISCUS BLVD.

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

**FILED** 

Jan 22, 1999 8:00am

**Secretary of State** 

01-22-1999 90029 023 \*\*\*150.00

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P93000003366**

Principal Place of Business

1800 W. HIBISCUS BLVD.

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

CORAL VIEJO, INC.

SUITE 138		SUITE 138 MELBOURNE FL 32901			DO NOT WRITE IN THIS SPACE		
MELBOURNE FL	32901	MELBOORNE TE 02001			3. Date Incorporated or Qualifed 01/11/1993		
2 Principal Pla	en of Business	2a. Mailing Address			4. FEI Number Applied F		
2. Principal Place of Business		26			NOT APPLICABLE Not Applie	cable	
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required	1	
22		27			Fae Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May B		
23		28			Trust Fund Contribution Added to Fees		
Zip	Country		Country	•	8. This corporation owes the current year Intangible		
24	25	29 30			Personal Property Tax. Li Yes Li No  10. Name and Address of New Registered Agent		
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Figure		
MOLE	00 D.E		"		•		
	rr, p.f. W. Hibiscus BLVD.	•	82	2 Street Address (P.O. Box Number is Not Acceptable)			
			83			- ,	
	E 138 Bourne FL 32901		63			- 4	
MEL	SOURINE PL 32501		84	City	FL 85 Zip Code		
		- ISON EL III Chabaca t	ho obov	o camed corn	tip- submits this statement for the purpose of changing its registe	ered	
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, t of Florida. Such change was autho	rized by	the corporation	ion's board of directors. I hereby accept the appointment as registere	d	
agent. I ar	egistered agent, or both, in the State of m familiar with, and accept the obligat	tions of, Section 607.0505, Florida	Statutes	3.		ĺ	
SIGNATURE		(NOTE Page	enA heretsi	ent signature require	ed when reinstating) DATE	_	
	Signature, typed or printed name of registered agen	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
12.	D OFFICERS AIL	DELETE	1.1 TITLE		. Change	Addition	
TITLE	ARMSTRONG, RAYMOND	-	1.2 NAME				
NAME	1331 S. VALENTINE ST.		1.3 STREE	T ADDRESS			
STREET ADDRESS	MELBOURNE FL 32901		1.4 CITY-5				
CITY-ST-ZIP	MELBOORINE PL 32901	DELETE	2.1 TITLE	<u> </u>	☐ Change	Addition	
TITLE		<del>-</del> -	2.2 NAME				
NAME		l	i	ET ADDRESS			
STREET ADDRESS			2. 4 CITY-				
CITY-ST-ZIP		DELETÉ	3.1 TITLE		Change	Addition	
TITLE	<b>(</b> -1)		3.2 NAME				
NAME				ET ADDRESS			
STREET ADDRESS			3.4. CITY-				
CITY-ST-ZIP		☐ DELETE	4.1 TITLE		☐ Change ☐	Addition	
TITLE			4. 2 NAME				
NAME		,		ET ADDRESS			
STREET ADDRESS			4.3 STRE	1			
CITY-ST-ZIP		DELETE	5.1 TITLE		☐ Change ☐	Addition	
TITLE			5.2 NAME				
NAME	İ			ET ADDRESS			
STREET ADDRESS			5.4 CITY-				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change	Addition	
TITLE			6.2 NAME				
NAME				ET ADDRESS			
1	i e		■ 0.3 SIKC	L HUUNEOO			

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 changes, or on an attachment with an address, with all other like empowered.