	A STATE OF THE PARTY OF THE PAR	terrior and a second				
co	RPORATION UAL REPORT	Katherin	ktoldistaki skad. o Harris	£		
ANN	() () () () () () () () () ()	Secretary		· }	I.	
1999 DEVISION OF CORPORATION				rilt ARV	D DESIMB	
DOCUMENT # P93000034179				inche IARY (1975) OF CO	RPORATIONS	
	LD COAST INTERIORS, INC.			00 404 -0	AM 11: 21	
- Émen	·			8- VON 99	ACCIONI DIGITALI MANIMANA	
				E STANDAN KI NENET NYA BANK BINK BINK BINK		
Principal Pla	ce of Business	Malling Address		I saaldass inn ining sisti nami nami nami	BOLDE KINY BURNI HAN IDAID	
4459 COASTAL LANE 4459 COASTAL LANE				I.	•	
PACE FL 32571 PACE FL 32571				DO NOT WRITE IN THIS SPACE		
US US				3. Date Incorporated or Qualifed	7110 51 702	
}				. 05/07/1993		
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied	
21		26		59-3179578	· Not App	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition	
City & State		City & State		Election Campeign Financing Trust Fund Contribution	\$5.00 May I Added to Fee	
Zip	Country	Zip	Country	8. This corporation owes the current year		
24	[25]		0	Personal Property Tax.	X Yes □Nc	
 	9. Name and Address of Current	Registered Agent	81 Name ;.	10. Name and Address of New Registe	red Agent	
coc	ok, robert d	卫国的知识方法	· [
4047 MOONRAKER DRIVE			B2 Street Ac	dress (P.O. Box Number is Not Acceptable)		
PENSACOLA FL 32507			83	;{\$}		
	:			to the second se		
1		(a) (a)	84 Cry	ı	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607 0502	and 607.1508, Florida Statutes	the above named co	rporation submits this statement for the purpos	e of changing its registe	
agent. La	registered agent, or both, in the State o am familiar with, and accept the obligati	ons of, Section 607,0505, Florid	jo⊪zao by the corpora a Statutes. ¿ [proration submits this statement for the purposition's board of directors. I hereby accept the ap	ppointment as registered	
SIGNATURE			h n	•		
. 12.	Signature, typed or printed hame of registered agent		egistered Apent signature requ	ADDITIONS/CHANGES TO OFFICERS		
12. Truë	OFFICERS AND	DELETE	1.5 TOTLE	ADDITIONS/CHANGES TO OFFICERS	Change A:	
N-ME	COOK, ROBERT D	C 7	1.2 NAME		, Estado Un	
STREET ADDRESS			1.3 STREET ADDRESS		326 3	
CITY-ST-ZIP	PENSACOLA FL 32507		1.4 CITY-ST-ZIP	6000030463 -11/16/9901	1095011	
TITLE	S/T	DELETE	2.1 TITLE	****150.00	****************************	
NAME	MARSHALL, JEFFREY T	·	2.2 NAME	****130:00		
STREET ADDRESS	1600 SW 4TH STREET		2.3 STREET ADORESS	•		
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		2.4 CITY-ST-ZIP	•		
TITLE	D	DELETE	3.1 TITLE	•	☐ Change ☐ Ad	
NAME	MARSHALL, CHARLES E JR		3.2 NAME	·		
STREET ADDRESS	1755 SE 9TH STREET	,	3.3 STREET ADDRESS			
CITY-ST-ZiP	FT. LAUDERDALE FL 33316	DELETE'	3.4. CITY-ST-ZIP			
TITLE		C) DELETE	4.1 T/LE		☐ Change ☐ Ado	
NAME STREET ADDOCED			4. 2 NAME		¥	
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS			
TITLE		Doelete	4.4 CITY-\$7-ZIP		[]Change []Add	

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 cath; 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, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

1011/8

SIGNATURE: _

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

DELETE

199 850-994-4608

Change

Addi: