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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

i i oorporatioi	MENT # P93	000051592	(2)		
COA	STAL INDUSTRIAL SALE	S, INC.			
Principal Place	of Business	Mailing Address			
4706 VAN KLEECK NEW SMYRNA BCH. FL 32169		4706 VAN KLEECK			
MEN SMI	RNA BUH. PL 32169	NEW SMYRNA BCI	H. FL 32169		
				3. Date Incorporated or Qualified 07/23/1993	3a. Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	09/25/1995 Applied For
21		26]		59-3194420	Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	S5.00 May Be Added to Fees
Ζιρ <b>24</b> ]	Country 25	Zip	Country	8. This corporation has liability for in	ntangible tax under s 199.032,
24	9. Name and Address of Cur	29 29 Agent	_ [30]	Florida Statutes Yes  10. Name and Address of New Re	
			81 Name	10. Name and Address of New He	egistered Agent
WILSON, SHARON E 4706 VAN KLEECK NEW SMYFINA BCH. FL 32169			82 Street Add	dress (P.O. Box Number is Not Acceptable	۵۱
NEW S	SMITTINA BUH. FL 32169		83		
		<b>B4</b> City		FI 85 Zip Code	
11. Pursuant to or registere	o the provisions of Sections 607.05	502 and 607.1508, Florida Statu	tes, the above-named corpo	pration submits this statement for the purpard of directors. I hereby accept the appoint	
familiar with	h, and accept the obligations of, S	ionadi odon change was admon	zeo by the contamation s rais		intment or registered seemt Law
		ection 607,0505, Florida Statute	S.	and of directors. Thereby accept the appoint	michioni as registered agent. Fam
SIGNATURE _	Signature, typed or printed name of registered a				
SIGNATURE	Signature, typed or printed name of registered a		S.  OTE: Registered Agent signature require  13.	eo when reinstafing)	DAYE
SIGNATURE :	Signature: typed or printed name of registered at OFFICERS /	pant and title if applicable. (N	OTE: Registered Agent signature require		DAYE
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered at OFFICERS A D WILSON, SHARON E	gent and title if applicable. (N AND DIRECTORS	OTE: Registered Agent signature regime	eo when reinstafing)	DATE DERS AND DIRECTORS IN 12
SIGNATURE  12. TILLE NAME STREET ADDRESS	Signature, typed or printed name of registered at OFFICERS A D WILSON, SHARON E 4706 VAN KLEECK	gront and tribe if applicable. (N AND DIRECTORS	T13.  1 1 TITLE  1 2 NAME  1.3 STREET ADDRESS	eo when reinstafing)	DATE DERS AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered at OFFICERS A D WILSON, SHARON E	good and title of applicable. NAND DIRECTORS DELETE	13. 1 1 TiflE 12 NAME 1.3 STREET ADDRESS 1.4 City - ST-ZiP	eo when reinstafing)	DATE  CERS AND DIRECTORS IN 12  Change Addition
SIGNATURE  12. TITLE NAME STREEL ADDRESS CHY-ST-ZIP	Signature, typed or printed name of registered at OFFICERS A D WILSON, SHARON E 4706 VAN KLEECK	gront and tribe if applicable. (N AND DIRECTORS	T13.  1 1 TITLE  1 2 NAME  1.3 STREET ADORESS  1.4 City - SI - Zip  2.1 TITLE	eo when reinstafing)	DATE DERS AND DIRECTORS IN 12
SIGNATURE  12.  TILLE  NAME  STREET ADDRESS  CITY-SI-7IP  TITLE	Signature, typed or printed name of registered at OFFICERS A D WILSON, SHARON E 4706 VAN KLEECK	good and title of applicable. NAND DIRECTORS DELETE	13. 1 1 TiflE 12 NAME 1.3 STREET ADDRESS 1.4 City - ST-ZiP	eo when reinstafing)	DATE  CERS AND DIRECTORS IN 12  Change Addition
SIGNATURE  12.  TILLE  NAME  SIRELI ADDRESS  CITY-SI-ZIP  TITLE  NAME  SIRELI ADDRESS  CITY-SI-ZIP	Signature, typed or printed name of registered at OFFICERS A D WILSON, SHARON E 4706 VAN KLEECK	good and title of applicable. NAND DIRECTORS DELETE	13. 1 1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CiTY - ST - ZIP 2.1 TiTLE 2.2 NAME	eo when reinstafing)	DATE  CERS AND DIRECTORS IN 12  Change Addition
SIGNATURE  12.  TITLE  NAME  SIRELF ADDRESS  CITY-ST-ZIP  TITLE  NAME  STRELF ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered at OFFICERS A D WILSON, SHARON E 4706 VAN KLEECK	good and title of applicable. NAND DIRECTORS DELETE	TIS.  13.  1 1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY - ST - ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS	eo when reinstafing)	DATE  CERS AND DIRECTORS IN 12  Change Addition
SIGNATURE  12.  TITLE  NAME  SIRELF ADDRESS  CITY-ST-ZIP  TITLE  NAME  STRELF ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered at OFFICERS A D WILSON, SHARON E 4706 VAN KLEECK	goot and title of applicable. NAND DIRECTORS DELETE  32169	13.  1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2. 1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME	eo when reinstafing)	DATE  CERS AND DIRECTORS IN 12  Change Addition  Change Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered at OFFICERS A D WILSON, SHARON E 4706 VAN KLEECK	goot and title of applicable. NAND DIRECTORS DELETE  32169	13. 1 1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 City - SI - ZiP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 City - SI - ZiP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 NAME 3.5 STREET ADDRESS	eo when reinstafing)	DATE  CERS AND DIRECTORS IN 12  Change Addition  Change Addition
SIGNATURE  12.  TITLE  NAME  SIRELF ADDRESS  CITY-ST-7IP  TITLE  NAME  STREEF ADDRESS  CITY-ST-2IP  TITLE  NAME  STREEF ADDRESS  CITY-ST-2IP  TITLE  NAME  STREEF ADDRESS  CITY-ST-2IP	Signature, typed or printed name of registered at OFFICERS A D WILSON, SHARON E 4706 VAN KLEECK	goot and title of applicable. NAND DIRECTORS  DELETE  DELETE  DELETE	13.  1 1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-SI-ZIP 2 1 NAME 2 3 STREET ADDRESS 2 4 CITY-SI-ZIP 3.1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-SI-ZIP	eo when reinstafing)	DATE  CERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
SIGNATURE  12.  THE  NAME  STREEF ADDRESS  CITY-ST-ZIP  THLE	Signature, typed or printed name of registered at OFFICERS A D WILSON, SHARON E 4706 VAN KLEECK	goot and title of applicable. NAND DIRECTORS DELETE  32169	13. 1 1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 City - SI - ZiP 2 1 TITLE 2 NAME 2 3 STREET ADDRESS 2 4 City - SI - ZiP 3.1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - SI - ZIP	eo when reinstafing)	DATE  CERS AND DIRECTORS IN 12  Change Addition  Change Addition
SIGNATURE  12.  TITLE  NAME  SIRELF ADDRESS  CITY-ST-7IP  TITLE  NAME  STREEF ADDRESS  CITY-ST-2IP  TITLE  NAME  STREEF ADDRESS  CITY-ST-2IP  TITLE  NAME  STREEF ADDRESS  CITY-ST-2IP	Signature, typed or printed name of registered at OFFICERS A D WILSON, SHARON E 4706 VAN KLEECK	goot and title of applicable. NAND DIRECTORS  DELETE  DELETE  DELETE	13.  1 1 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 City-SI-ZiP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 City-SI-ZiP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-SI-ZIP  4.1 TITLE  4.2 NAME	eo when reinstafing)	DATE  CERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
SIGNATURE  12.  THE  NAME  STREEL ADDRESS  CITY-SI-7/P  THE  NAME  STREEL ADDRESS  CITY-SI-2/P  THLE  NAME  STREEL ADDRESS  CITY-SI-7/P  THLE  NAME  NAME  STREEL ADDRESS  CITY-SI-7/P  THLE  NAME  NAME  NAME	Signature, typed or printed name of registered at OFFICERS A D WILSON, SHARON E 4706 VAN KLEECK	goot and title of applicable. NAND DIRECTORS  DELETE  DELETE  DELETE	13. 1 1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 City-SI-ZiP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-SI-ZiP 3.1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-SI-ZIP 4 TITLE 42 NAME 43 STREET ADDRESS	eo when reinstafing)	DATE  CERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered at OFFICERS A D WILSON, SHARON E 4706 VAN KLEECK	goot and title of applicable. NAND DIRECTORS  DELETE  DELETE  DELETE	13.  1 1 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 City-SI-ZiP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 City-SI-ZiP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-SI-ZIP  4.1 TITLE  4.2 NAME	eo when reinstafing)	DATE  CERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition
SIGNATURE  12.  THE  NAME  STREET ADDRESS  CITY-ST-ZIP  THLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered at OFFICERS A D WILSON, SHARON E 4706 VAN KLEECK	gent and title if applicable.   NAND DIRE CTORS   DELETE    32169   DELETE   DELETE	13.  1 1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 City-SI-ZiP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2.4 City-SI-ZiP 3.1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3.4 City-SI-ZiP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 3.4 City-SI-ZiP	eo when reinstafing)	DATE  CERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
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SIGNATURE  12.  TITLE  NAME  STREEL ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered at OFFICERS A D WILSON, SHARON E 4706 VAN KLEECK	gent and title if applicable.   NAND DIRE CTORS   DELETE    32169   DELETE   DELETE	13. 1 1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 City-St-ZiP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3.1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4 1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 1 TITLE 52 NAME 53 STREET ADDRESS	eo when reinstafing)	DATE  CERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition
SIGNATURE  12.  THE NAME STREET ADDRESS CHY-ST-ZIP THE NAME STREET ADDRESS CHY-ST-ZIP THLE NAME	Signature, typed or printed name of registered at OFFICERS A D WILSON, SHARON E 4706 VAN KLEECK	gront and title of applicable.   NAND DIRE CTORS   DELETE    32169   DELETE   DELETE     DELETE   DELETE	13.  1 1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 32 NAME 33 STREET ADDRESS 3.1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 4 1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 1 TITLE 52 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6 1 TITLE 62 NAME	eo when reinstafing)	DATE  CERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition
SIGNATURE  12.  THE  NAME  STREEL ADDRESS  CHY-ST-ZIP  THE  NAME  STREEL ADDRESS  CHY-ST-ZIP  THLE  NAME	Signature, typed or printed name of registered at OFFICERS A D WILSON, SHARON E 4706 VAN KLEECK	gront and title of applicable.   NAND DIRE CTORS   DELETE    32169   DELETE   DELETE     DELETE   DELETE	13. 1 1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 City-St-Zip 2 1 Title 22 NAME 23 STREET ADDRESS 24 City-St-Zip 3.1 Title 32 NAME 33 STREET ADDRESS 34 City-St-Zip 4 1 Title 42 NAME 43 STREET ADDRESS 44 City-St-Zip 5 1 Title 52 NAME 53 STREET ADDRESS 54 City-St-Zip 6 1 Title 6 1 Title	eo when reinstafing)	DATE  CERS AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition

100 nereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Stands Stand TYPED ON PRINTED RAME OF SIGNING OFFICER OR PRINTED RAME OF SI