

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 19 1997 8:00am  
Secretary of State

DOCUMENT # P94000001567 (4)

1. Corporation Name

CORAL ISLE DEVELOPMENT CORP.



Principal Place of Business

3780 N.W. 91 LANE  
SUNRISE FL 33351

Mailing Address

3780 N.W. 91 LANE  
SUNRISE FL 33351  
2680 ARBOR Drive  
FT LAUD FL 33312

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1993

3a. Date of Last Report

09/12/1996

4. FEI Number

65-0462009

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees.

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

MCBRIDE, WALTER K  
461 EAST MT. VERNON DRIVE  
PLANTATION FL 33325

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
MCBRIDE, WALTER K  
STREET ADDRESS 461 E. MT. VERNON DR.  
CITY-ST-ZIP PLANTATION FL 33325

TITLE ☐ DELETE

NAME D  
MCBRIDE, MICHAEL K  
STREET ADDRESS 720 N.E. 17TH AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL 33307

TITLE ☐ DELETE

NAME D  
EISENBERG, LEE J  
STREET ADDRESS 11740 S.W. 3RD ST.  
CITY-ST-ZIP PLANTATION FL 33325

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME mcbride walter k  
1.3 STREET ADDRESS 2684 ARBOR Drive  
1.4 CITY-ST-ZIP Fort Lauderdale FL 33312

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME mcbride michael k  
2.3 STREET ADDRESS 2684 ARBOR Drive  
2.4 CITY-ST-ZIP Fort Lauderdale FL 33312

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 changed, or on an attachment with an address.

CR2E034 (4/97)