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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000013143 (0)

COASTAL REPROGRAPHICS, INC.

Principal Place of Business Mailing Address							IDAC SHAHAMANAN O	HADA SUN ADA		
8081 PHILLIPS HIGHWAY SUITE #21 JACKSONVILLE FL 32256			BOB1 PHILLIPS HIGHWAY SUITE #21				DO NOT WRITE IN THIS	SPACE		
PACKSCHAI	LLE PC 32230	J	JACKSONVILLE FL 32256				3. Date Incorporated or Qualified			
							02/14/1994			
2. Principal F	Place of Business	2a.	Mailing Address				4. FEI Number	I A	pplied For	
21		26					59-3224651	N	ot Applicable	
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional	
22		27					5. Certificate of Status Desired	Fee R	equired	
City & Star	te		City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28		···			Trust Fund Contribution		to Fees	
Zip	Country Zip			\vdash	Country 8. This corporation owes or has paid the aurrent year Intangible Personal Property Tax due June 30. Yes No					
24	25 9. Name and Address of Curr	ant Begiet	ered Anent	30			Personal Property Tax due June 30. 10. Name and Address of New Registered		No	
ν.		ont Hogier	orea regent		81	Name	(U. Harris and Addisos U. How Hegisteled	vaoir		
	ORMAN, MARTHA 081 PHILLIPS HIGHWAY									
	UITE #21			ľ	82	Street A	ddress (P.O. Box Number is Not Acceptable)			
1	ACKSONVILLE FL 32256			l _i	83					
J.	TONGOTTILLE I'L 32230			L.						
				[*	84	City	FI	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 60	7.1508, Florida Statu	ites, the ab	ove-	named c	orporation submits this statement for the purpose of	of changing i	ts registered	
office or i	registered agent, or both, in the Sta am familiar with, and accept the obl	ite of Florid	a. Such change was	authorized	by '	the corpo	oration's board of directors. I hereby accept the ap-	pointment as	registered	
•	arriginal with and accept the con	rganora or,	0001011 001 .0000, 1	ionda Glata	103.					
SIGNATURE	Signature, typed or printed name of registered a	agent and title i	1 applicable (NO	TE: Registered	Agen	t signature re	equired when reinstating) DATE			
12.	OFFICERS A	ND DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12	
TITLE	PSTD		☐ DELETE	1.1 TITE	.E	1		Change	Addition	
NAME KORMAN, MARTHA				1.2 NAM	ΛE	İ				
STREET ADDRESS 8081 PHILLIPS HIGHWAY, #21				1.3 STREET ADDRESS		000000				
CITY-ST-ZIP	JACKSONVILLE FL 32256			1.3 STA	EET A	MDM522				
TITLE	TAN		- Desert	1.4 CIT	Y-ST			-		
	VPD		☐ DELETE	1.4 CITY 2.1 TITL	Y - ST .E	- ZIP		Change	Addition	
NAME	WILLIAMS, GREG	¢meet	☐ DELETE	1.4 CITY 2.1 TITL 2.2 NAM	Y-ST .e Me	- ZIP	Eggs & West Chores		_	
STREET ADDRESS	WILLIAMS, GREG 5850 - A WEST CYPRESS	STREET	DELETE	1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR	Y-ST .e Me .eet a	- ZIP	5830-C West Cypres		_	
STREET ADDRESS CITY-ST-ZIP	WILLIAMS, GREG 5850 - A WEST CYPRESS TAMPA FL 33607	STREET		1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT	Y-ST .e Me Eet a Y-St	- ZIP	5830-C West Cypres		_	
STREET ADDRESS CITY-ST-ZIP TITLE	WILLIAMS, GREG 5850 - A WEST CYPRESS TAMPA FL 33607	STREET	☐ DELETE	1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL	Y-ST .E ME EET A Y-ST .E	- ZIP	5830-C West Cypres Director men R. Zavala		_	
STREET ADORESS CITY-ST-ZIP TITLE NAME	WILLIAMS, GREG 5850 - A WEST CYPRESS TAMPA FL 33607 D ZAVACA, RODRIQUES C			1.4 CITY 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA	Y-ST .e Me EET A Y-ST .e	- ZIP	5830-C West Cypres Director CARMEN R. ZAVALA 5830-C West Cypress		_	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	WILLIAMS, GREG 5850 - A WEST CYPRESS TAMPA FL 33607 D ZAVACA, RODRIQUES C 5850-A WEST CYPRESS S'			1.4 CITY 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR	Y-ST- LE ME EET A Y-ST LE ME	ADDRESS [-ZIP]	5830-C West Cypres Director men R. ZAVALA 5830-C West Cypress Tampa Fr. 33107		_	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAMS, GREG 5850 - A WEST CYPRESS TAMPA FL 33607 D ZAVACA, RODRIQUES C			1.4 CIYY 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIF	Y-ST- LE ME EET A Y-ST LE ME EET A Y-ST	ADDRESS [-ZIP]	5830-C West Cypres Director men R. Zavala 5830-C West Cypress Tampa FL 33607	St.	▲ Addition	
STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	WILLIAMS, GREG 5850 - A WEST CYPRESS TAMPA FL 33607 D ZAVACA, RODRIQUES C 5850-A WEST CYPRESS S'		□ DÉLET E	1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIF 4.1 TITL	Y-ST. E ME EET A Y-ST E ME EET A EET A EET A EET A	ADDRESS [-ZIP]	5830-C West Cypres Director men R. Zavala 5830-C West Cypress Tampa FL 33607		_	
STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	WILLIAMS, GREG 5850 - A WEST CYPRESS TAMPA FL 33607 D ZAVACA, RODRIQUES C 5850-A WEST CYPRESS S'		□ DÉLET E	1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM	Y-ST. E ME EET A Y-ST E ME EET A Y-ST E	- ZIP ADDRESS 1- ZIP ADDRESS 2- ZIP	5830-C West Cypres Director men R. Zavala 5830-C West Cypress Tampa FL 33607	St.	▲ Addition	
STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	WILLIAMS, GREG 5850 - A WEST CYPRESS TAMPA FL 33607 D ZAVACA, RODRIQUES C 5850-A WEST CYPRESS S'		□ DÉLET E	1.4 CITY 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAI 4.3 STR	Y-ST- E ME ME EEET A Y-ST E ME EEET A	- ZIP ADDRESS 1- ZIP ADDRESS 2- ZIP	5830-C West Cypres Director men R. Zavala 5830-C West Cypress Tampa FL 33607	St.	▲ Addition	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAMS, GREG 5850 - A WEST CYPRESS TAMPA FL 33607 D ZAVACA, RODRIQUES C 5850-A WEST CYPRESS S'		☐ DÉLETE	1.4 CITY 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CITY	Y-ST- EET A EET A EET A EET A EET A ME EET A C-ST- E	- ZIP ADDRESS 1- ZIP ADDRESS 2- ZIP	5830-C West Cypres Director Carmen R. Zavala 5830-C West Cypress Tampa FL 33607	Change	Addition Addition	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME	WILLIAMS, GREG 5850 - A WEST CYPRESS TAMPA FL 33607 D ZAVACA, RODRIQUES C 5850-A WEST CYPRESS S'		☐ DÉLETE	1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIF 4.1 TITL 4.2 NAI 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM	Y-ST- EET AE EET A Y-ST- EET AE EET A F-ST- E EET A	- ZIP ADDRESS (-ZIP ADDRESS - ZIP ADDRESS - ZIP ADDRESS	5830-C West Cypres Director men R. Zavala 5830-C West Cypress Tampa FL 33607	Change	Addition Addition	
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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 suppliemental 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 Chahter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

MANAGER HARONEL TO A MAN)

1/5/05

FILED

Jan 27 1998 8:00am

Secretary of State