

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000029010 (3)

1. Corporation Name

COAST 2 COAST MANAGEMENT, INC.



Principal Place of Business

4939 DUNMORE LANE
KISSIMMEE FL 34746
US

Mailing Address

4939 DUNMORE LANE
KISSIMMEE FL 34746
US

2. Principal Place of Business

21 1250 A SOUTH BERMUDA AVE
Suite, Apt. #, etc.

22 1250 A

City & State

23 KISSIMMEE, FLORIDA

Zip

24 34741

Country

25 U.S.A.

2a. Mailing Address

26 SOUTH BERMUDA AVE
Suite, Apt. #, etc.

27 1250 A

City & State

28 KISSIMMEE FLORIDA

Zip

29 34741

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

RALLIS, JOHN N II
809 E. OAK STREET
SUITE 103
KISSIMMEE FL 34744

3. Date Incorporated or Qualified

04/14/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3269983

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

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 the filer

(Both filer and registered agent sign and prepare when necessary)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME ARCHER, LIANE T
STREET ADDRESS 4939 DUNMORE LANE
CITY-ST-ZIP KISSIMMEE FL ☐ DELETE

TITLE VSD
NAME ARCHER, BRYNELY B
STREET ADDRESS 4939 DUNMORE LANE
CITY-ST-ZIP KISSIMMEE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LIANE ARCHER

4/15/96

407-944-0022

Daytime Phone #

CR2E034 (12/95)