

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

FILED

Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000029010 (3)**

1. Corporation Name
COAST 2 COAST MANAGEMENT, INC.

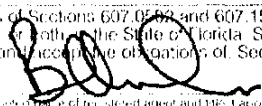


Principal Place of Business 1250 A SOUTH BERMUDA AVE. KISSIMMEE FL 34741 US	Mailing Address 1250 A SOUTH BERMUDA AVE. KISSIMMEE FL 34741-6389 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/14/1994	3a. Date of Last Report 04/18/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3269983		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

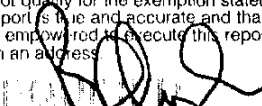
9. Name and Address of Current Registered Agent RALLIS, JOHN N II 809 E. OAK STREET SUITE 103 KISSIMMEE FL 34744		10. Name and Address of New Registered Agent	
		81. Name Brynley B. Archer	
		82. Street Address (P.O. Box Number is Not Acceptable) 1250-A S. Bermuda Ave.	
		83. City	
		84. City Kissimmee,	85. Zip Code FL 34741

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:  (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☒ Change ☐ Addition
NAME	ARCHER, LIANE T	1.2 NAME	
STREET ADDRESS	1250 BUNNORE LANE	1.3 STREET ADDRESS	1250-A S. Bermuda Ave
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	34741
TITLE	VSD	2.1 TITLE	☒ Change ☐ Addition
NAME	ARCHER, BRYNLEY B	2.2 NAME	Archer, Brynley
STREET ADDRESS	1250 BUNNORE LANE	2.3 STREET ADDRESS	1250-A S. Bermuda Ave.
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	34741
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 is based 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:  02-24-97 (007) 9440022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)