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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **P94000029010 (3)**

1. Corporation Name
COAST 2 COAST MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1250 A SOUTH BERMUDA AVE. KISSIMMEE FL 34741 US	1250 A SOUTH BERMUDA AVE. KISSIMMEE FL 34741-6389 US

3. Date Incorporated or Qualified: **04/14/1994**
3a. Date of Last Report: **04/18/1996**

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

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

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
84 City: Kissimmee, FL 85 Zip Code: 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 [signature] (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	ARCHER, LIANE T	1.2 NAME	
STREET ADDRESS	~~4939 DUNMORE LANE~~	1.3 STREET ADDRESS	1250-A S. Bermuda Ave
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	34741
TITLE	VSD ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	~~ARCHER, BRYNLEY B~~	2.2 NAME	Archer, Brynley
STREET ADDRESS	~~4939 DUNMORE LANE~~	2.3 STREET ADDRESS	1250-A S. Bermuda Ave.
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	34741
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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.

SIGNATURE: [signature] 02-24-97 (407) 944-0022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date