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FILED

Apr 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

1250 A SOUTH BERMUDA AVE.
KISSIMMEE FL 34741
US

Mailing Address

1250 A SOUTH BERMUDA AVE.
KISSIMMEE FL 34741
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 ~~1250~~ SOUTH BERMUDA AVE

Suite, Apt. #, etc.

22 1248

City & State

23 KISSIMMEE FL

Zip

24 34741

Country

25 USA

2a. Mailing Address

26 SOUTH BERMUDA AVE

Suite, Apt. #, etc.

27 1248

City & State

28 KISSIMMEE FL

Zip

29 34741

Country

30 USA

3. Date Incorporated or Qualified

04/14/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ARCHER, BRYNLEY B.
1250-A S. BERMUDA AVE
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name

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

1248 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE
NAME ARCHER, LIANE T
STREET ADDRESS 1250-A S. BERMUDA AVE
CITY-ST-ZIP KISSIMMEE FL

TITLE VSD ☐ DELETE
NAME ARCHER, BRYNLEY
STREET ADDRESS 1250-A S. BERMUDA AVE
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
1.3 STREET ADDRESS 1248 S. BERMUDA AVE
1.4 CITY-ST-ZIP KISSIMMEE FL 34741

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1248 S. BERMUDA AVE
2.4 CITY-ST-ZIP KISSIMMEE FL 34741

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 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 2 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)