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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 SEP 10 PM 3:58

DOCUMENT # P94000050930 (4)

1. Corporation Name

A/COAST TO COAST VENTURES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

7507 TAMiami TRAIL
SUITE 80
SARASOTA FL 34231

Mailing Address

7507 TAMiami TRAIL
SUITE 80
SARASOTA FL 34231

3. Date Incorporated or Qualified
07/11/1994

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

26 7350 S. TAMiami TRAIL

4. FEI Number

65-0528859

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

21 Suite, Apt. #, etc.

Suite, Apt. #, etc.

27 SUITE 80

23 City & State

City & State

28 SARASOTA, FLORIDA

24 Zip

Country

29 Zip

34231

Country

30 SARASOTA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WASSERMAN, DEBBIE
7507 TAMiami TRAIL
SUITE 80
SARASOTA FL 34231

81 Name

WASSERMAN, DEBBIE

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

7350 S. TAMiami TRAIL SUITE 80

83

84 City

SARASOTA

FL

85 Zip Code
34231

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST ☐ DELETE
NAME WASSERMAN, DEBBIE
STREET ADDRESS 7507 TAMiami TRAIL, SUITE 80
CITY-ST-ZIP SARASOTA FL

1.1 TITLE PST (NEW ADDRESS) ☐ Change ☐ Addition
1.2 NAME WASSERMAN, DEBBIE
1.3 STREET ADDRESS 7350 S. TAMiami TRAIL SUITE 80
1.4 CITY-ST-ZIP SARASOTA, FL. 34231

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Debbie Wasserman

Debbie WASSERMAN 4-30-96

800-360-9777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #