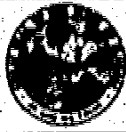


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 26 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000053835 (2)**

1. Corporation Name  
**COATS INVESTMENTS, INC.**

Principal Place of Business  
**1280 WINSTON ROAD  
MAITLAND FL 32751**

Mailing Address  
**1280 WINSTON ROAD  
MAITLAND FL 32751**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**07/19/1994**

3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 <b>5120 S. CONWAY RD</b>		26		27 <b>59-3257392</b>		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 <b>Orlando</b>		28		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 <b>FL 32812</b>		25 <b>ORLANDO</b>		29		30	
24 <b>FL 32812</b>		25 <b>ORLANDO</b>		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>COATS, JACK 1280 WINSTON ROAD MAITLAND FL 32751</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 JACK COATS Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COATS, JACK	1.2 NAME	
STREET ADDRESS	1280 WINSTON ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	MAITLAND FL 32751	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COATS, JACQUELINE C	2.2 NAME	
STREET ADDRESS	1280 WINSTON ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MAITLAND FL 32751	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COATS, DAVID C	3.2 NAME	
STREET ADDRESS	2701 ROGAN ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32812	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statute. 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: JACK COATS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: MAR 31, 1995 (407) 855-4421