


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

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT, CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000055790 1. Corporation Name COASTAL Mini SHOPS, INC.			
Principal Place of Business 1531 STATE Rd. 84 Fort Lauderdale, FLA. 33315		Mailing Address 3310 NW 21 court Cocoanut Creek FLA 33066	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0502870	3a. Date of Last Report 1996
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	Applied For Not Applicable
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00 May Be Added to Fees
24. Country	29. Country		
9. Name and Address of Current Registered Agent KALICHMAN IZHAK 3310 NW 21 court Cocoanut Creek, FL 33066		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83. City			
84. Zip Code			
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's signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 NAME KALICHMAN IZHAK <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 STREET ADDRESS 3310 NW 21 court		1.2 NAME	
1.3 CITY-STATE-ZIP Cocoanut Creek, FL 33066		1.3 STREET ADDRESS	
2.1 NAME Saidi Kudus <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 STREET ADDRESS 3700 NW 58 street		2.2 NAME	
2.3 CITY-STATE-ZIP Cocoanut Creek, FL 33073		2.3 STREET ADDRESS	
3.1 NAME <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 STREET ADDRESS		3.2 NAME	
3.3 CITY-STATE-ZIP		3.3 STREET ADDRESS	
4.1 NAME <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 STREET ADDRESS		4.2 NAME	
4.3 CITY-STATE-ZIP		4.3 STREET ADDRESS	
5.1 NAME <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 STREET ADDRESS		5.2 NAME	
5.3 CITY-STATE-ZIP		5.3 STREET ADDRESS	
6.1 NAME <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 STREET ADDRESS		6.2 NAME	
6.3 CITY-STATE-ZIP		6.3 STREET ADDRESS	
7.1 NAME <input type="checkbox"/> DELETE		7.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
7.2 STREET ADDRESS		7.2 NAME	
7.3 CITY-STATE-ZIP		7.3 STREET ADDRESS	
8.1 NAME <input type="checkbox"/> DELETE		8.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
8.2 STREET ADDRESS		8.2 NAME	
8.3 CITY-STATE-ZIP		8.3 STREET ADDRESS	
9.1 NAME <input type="checkbox"/> DELETE		9.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
9.2 STREET ADDRESS		9.2 NAME	
9.3 CITY-STATE-ZIP		9.3 STREET ADDRESS	
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 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: [Signature]		03.10.97 (954) 970-0841	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)