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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400062227

COAST TO COAST DIMMING & CONTROLS INTERNATIONAL, INC.

INC.								
Principal Place of Business Mailing Address					1 (83)(45) (10 10)(7 8)(10 10)(10 8)	. 69111 68110		1181118911891
2430 ESTANCIA BOULEVARD 2430 ESTANCIA BOULEVARD					ì			
SUITE 102 SUITE 102						_		
CLEARWATER FL 33761 CLEARWATER FL 33761					DO NOT WRITE IN THIS SPACE			
US US					Date Incorporated or Qualifed			
					08/18/1994			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Ar	oplied For
21					59-3297122		No.	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$	\$8.75	Additional
22		27			5. Certifcate of Status Desired	<u>~</u> _	Fee R	equired
City & Stat	e	City & State		6. Election Campaign Financing		\$5.00	May Be	
		28		Trust Fund Contribution				
Zip			Country		8. This corporation owes the curre	es the current year Intangible		
24	25	30			Personal Property Tax.	·	☐ Yes	E240
1	9. Name and Address of Current Registered Agent				10. Name and Address of New R	egistered	Agent	
				Name			·	
MURPHY, JOSEPH E								
2430 ESTANCIA BOULEVARD			82	Street Add	ress (P.O. Box Number is Not Acceptal	ble)		
SUITE 102			83					
CLEARWATER FL 33761								
			84	City		FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the at				<u> </u>			a }	
l office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	ot Flooda. Such change was auti	norizea by	the corporati	ion's board of directors. I hereby accept	t the appoi	intment as re	egistered
1	· ·							ļ
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	egistered Age	nt signature require	ed when reinstating)	DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AN	ND DIRECTO	ORS IN 12
TITLE	Р	☐ DELETE	1.1 TITLE				Change	Addition
NAME	MURPHY, JOSEPH E		1.2 NAME					į
STREET ADDRESS	TOTAL CITY WAS ALLE		1.3 STREE	T ADDRESS				}
CITY-ST-ZIP	OLEADMATED EL COZOA		1.4 CITY-ST-ZIP					Ì
TITLE			2.1 TITLE	· · · · · · · · · · · · · · · · · · ·			☐ Change	[] Addition
			2.2 NAME					-
NAME	,			TADDDECC				
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			☐ Change	Addition
TITLE	,	□ pere⊥e	3.1 TITLE					
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	Addition \
NAME		•	4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADORESS				
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP				
TITLE			5.1 TITLE		•		☐ Change	☐ Addition
NAME			5.2 NAME					}
			5.3 STREE	T ADDRESS				
I DUMENT APPLICATION	İ			1				I .

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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

☐ Addition

Aug 06, 1999 8:00 am Secretary of State

08-06-1999 90002 025 ***558.75