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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000063640 (4) **DOCUMENT #** 

COAST TO COAST ENTERPRISES, INC.

Mailing Address

FILED Feb 20 1998 8:00am Secretary of State



Principal Place of Business BITT SW LIGHTHOUSE DRIVE ALM CITY FL 34990 PALM CITY FL 34990 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/25/1994 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 1890 SW Willow burd! 1890 SW Willow bend 4 65-0519168 Not Applicable Suite, Apt. #, etc \$8.75 Additional П 5. Certificate of Status Desired Fee Required City & State Polm Cul City & State 6. Election Campaign Financing \$5.00 May Be Q. Trust Fund Contribution Added to Fees Country Country This corporation owes or has paid the current year Intangible USM 25 USA 29 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FAZZINO, JOHN W. 81 Name 6822 N.W. 28TH COURT Street Address (P.O. Box Number is Not Acceptable) 82 MARGATE FL 33063 83 84 City 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 Fiorida. 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **PVST** Change Addition TITLE DELETE 1.1 TITLE FESSLER, JOANNE L Fessler, NAME 1.2 NAME 817 SW LIGHTHOUSE DRIVE 1.3 STREET ADDRESS STREET ADDRESS PALM CITY FL 1.4 CITY - ST- ZIP CITY-ST-ZIP DELETÉ Addition TITLE 2.1 TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CiTY - ST - ZiP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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, of on an attachment with an address

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