

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

**APPROVED
AND
FILED**

95 MAR 17 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Norvins
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000073149 (4)
1. Corporation Name:
COASTAL CREMATION SERVICES, INC.

Principal Place of Business: **595 MAIN STREET DUNEDIN FL 34698**
Mailing Address: **595 MAIN STREET DUNEDIN FL 34698**

2. Principal Place of Business: **21 1750 Curlew Road**
2b. Mailing Address: **26 P.O. Box 1950**
City & State: **23 Palm Harbor, Florida**
City & State: **27 Palm Harbor, Florida**
Zip: **24 34683** Country: **25 Pinellas** Zip: **29 34682** Country: **30 Pinellas**

3. Date Incorporated or Qualified: **09/30/1994** 3a. Date of Last Report:
4. FEI Number: Approved 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

9. Name and Address of Current Registered Agent:
**BRANDT, MARK W
595 MAIN STREET
DUNEDIN FL 34698**

10. Name and Address of New Registered Agent:
81 Name: **Howard S. Lawrence**
82 Street Address (P.O. Box Number is Not Acceptable): **4929 Turtle Creek Trail**
84 City: **Palm Harbor, FL** 85 Zip: **34677**

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: *Howard S. Lawrence* **Howard S. Lawrence** 3/ /95
(Signature, typed or printed name of registered agent and fee if applicable) (Typed Name of Registered Agent, Signature, and Fee)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: President	11 TITLE: President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	12 NAME: Howard S. Lawrence	
NAME: President	13 STREET ADDRESS: 4929 Turtle Creek Trail	14 CITY, ST, ZIP: Oldsmar, FL 34677	
STREET ADDRESS:	21 TITLE: Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	22 NAME: Stephen Bragin	
CITY, ST, ZIP:	23 STREET ADDRESS: 13 Bel Forest Drive	24 CITY, ST, ZIP: Belleair Bluffs, FL	
	31 TITLE:	32 NAME:	
	33 STREET ADDRESS:	34 CITY, ST, ZIP:	
	41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	42 NAME:	
	43 STREET ADDRESS:	44 CITY, ST, ZIP:	
	51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	52 NAME:	
	53 STREET ADDRESS:	54 CITY, ST, ZIP:	
	61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	62 NAME:	
	63 STREET ADDRESS:	64 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 Sections 119.02(1)(b) Florida Statutes. I further certify that the information included 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 in person. 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: *Howard S. Lawrence* **Howard S. Lawrence, President** 3/ /95 (813)784-1441
(Signature and Typed or Printed Name of Signing Officer or Director)

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CORPORATION
ANNUAL REPORT
1995



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

55 APR 11 11:39

DOCUMENT # **P94000074427 (3)**

1. Corporation Name

A.V.E. ENTERTAINMENT, INC.

Principal Place of Business

6660 WHITE OAK DRIVE
MIAMI LAKES FL 33014

Mailing Address

6660 WHITE OAK DRIVE
MIAMI LAKES FL 33014

900001437099
-03/22/95--01107--020
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/07/1994** 3a. Date of Last Report

4. FEI Number **65-0531793** Applied For

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 § 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

EAGAN, ALBA V
6660 WHITE OAK DRIVE
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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

(Signature, typed or printed name of registered agent and title, if applicable)

(Signature, typed or printed name of registered agent, if applicable)

10/94

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	EAGAN, ALBA V
STREET ADDRESS	6660 WHITE OAK DRIVE
CITY - ST - ZIP	MIAMI LAKES FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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CITY - ST - ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 199.03(2)(b), 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 217, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

[Handwritten Signature] 3/1/95 824-5599
305
3-21-95