

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000044144

1. Corporation Name

Coastal Development Corp.
of South Florida, Inc.

Principal Place of Business

Mailing Address

555 SW 12 Ave.
Suite 101
Pompano Beach, FL
33069

55 SW 12 Ave.
Suite 101
Pompano Beach, FL
33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06108195

2. Principal Place of Business

21 5300 N. Federal Hwy

Suite, Apt. #, etc

22 Suite 100

City & State

23 Ft. Lauderdale, FL

24 Zip
33308

25 Country
USA

2a. Mailing Address

26 5300 N. Federal Hwy

Suite, Apt. #, etc.

27 Suite 100

City & State

28 Ft. Lauderdale, FL

29 Zip
33308

30 Country
USA

4. FEI Number
65-0595629

Applied 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 owes or has paid the current year Intangible
Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Rosenthal, Stuart S.
555 SW 12 Ave., Suite 101
Pompano Beach, FL 33069

81 Name
Screnci, Stephen W.

82 Street Address (P.O. Box Number is Not Acceptable)
3200 N. Military Trail

83 Suite 200

84 City
Boca Raton FL 85 Zip Code
33431

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

(NOTE: Registered Agent signature required when reinstating)

9/15/98

DATE

12. OFFICERS AND DIRECTORS

TITLE P D ☐ DELETE
NAME Porter, Albert F. Jr.
STREET ADDRESS 5300 N. Federal Hwy, #100
CITY-ST-ZIP Ft. Lauderdale, FL 33308

TITLE V D ☐ DELETE
NAME Anthony, Phillip
STREET ADDRESS
CITY-ST-ZIP

TITLE T D ☐ DELETE
NAME Pavlovych, Jerome
STREET ADDRESS
CITY-ST-ZIP

TITLE S D ☐ DELETE
NAME Anthony, Sybil
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

500002650385
-09/28/98-01100-036
***550.00

☐ Change ☐ Addition

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:



9/15/98 954 491 9162

CR2E034 (5/98)