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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000053691

1. Corporation Name

PALM COAST ASSOCIATES, INC.

						15 11 16 14 111 1 111 111		
Principal Plac	ce of Business	Mailing Address				de nii ee nii ee non onde hiit		
2938 PEBBLE CREEK ST		6300 N WILKHAM						
MEMBOURNE FL 32935		STE 130 MELBOURNE FL 3	3204U		DO NOT WE	DO NOT WRITE IN THIS SPACE		
00		US US	12340		3. Date Incorporated or Qualifer			
					07/12/1995	•		
2. Principal F	Place of Business	2a. Mailing Addre	ess		4. FEI Number	•	Applied For	
21		26			59-3328333	.	Not Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #,	etc.	· .	5. Certifcate of Status Desired	□ \$8.7	5 Additional	
22	·	27			5. Certificate of Status Desired	Fee	e Required	
City & Sta	ite	City & State			6. Election Campaign Financing	1.1	00 May Be	
Zip	Country	Zip			Trust Fund Contribution	Add	led to Fees	
24	25 Country	— `		ountry	8. This corporation owes the cu		. 🗁 👡	
241	9. Name and Address of Curr	29 Tent Registered Agent	30	1	Personal Property Tax. 10. Name and Address of New	Registered Agent	A⊒No	
		Total Togram of Tago		81 Name	. IV. Hallie diw Address (i new	Registered Agent		
	IES M ASHERAFT				4.4			
	8 PEBBLE CREEK ST			82 Street	Address (P.O. Box Number is Not Accep	table)	•	
MEL	BOURNE FL 32935			83	大概2000年的新疆域(1000年)		40.2.200 (A)	
<u> </u>						2.3 行. 4 的 影		
				84 City	****	FI 85 Z	Zip`Code `` '''	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florid	a Statutes, the	above-named	corporation submits this statement for the	purpose of changing	its registered	
Unice of I	registered agent, or both, in the State am familiar with, and accept the obli	ite of Fiorida. Such chand	ie was authorize	an by the corn	pration's board of directors. I hereby acce	ept the appointment as	s registered	
	•		550,	ilu.co.				
I SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered a				equired when reinstating)	DATE		
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIREC		
12.	OFFICERS A		13. LETE 1.1 T	· TITLE	7000			
12. TITLE NAME	OFFICERS A D ASHCRAFT, JIM	AND DIRECTORS ☐ DE	13. ILETE 1.1 T 1.2 N	TITLE NAME	ADDITIONS/CHANGES TO OF	FICERS AND DIREC		
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D ASHCRAFT, JIM	AND DIRECTORS DE 112 2701	13. LETE 1.1 T 1.2 N 1.3 S 1.4 C	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OF	FICERS AND DIREC	ge Addition	
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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.

SIGNATURE: JAWES

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90061 001 ***150.00

107-255-8377