

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

FILED
Mar 04 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 # **P95000059019 (6)**

1. Corporation Name

COASTAL HEALTH & NUTRITION, INC.

Principal Place of Business

**3011 W BAY VIEW
TAMPA FL 33611**

Mailing Address

**3011 W BAY VIEW
TAMPA FL 33611**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1995

4. FEI Number

59-3330839

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

2. Principal Place of Business	2a. Mailing Address
21 2823 NEWPORT BLVD.	26 2823 NEWPORT BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 #128	27 #128
City & State	City & State
23 NEWPORT BEACH, CA	28 NEWPORT BEACH, CA
Zip	Zip
24 92663	29 92663
Country	Country
25 USA	30 USA

9. Name and Address of Current Registered Agent

**DE MESA, JAMES M
3011 W BAY VIEW
TAMPA FL 33611**

10. Name and Address of New Registered Agent

81 Name	JAMES M. DEMESA
82 Street Address (P.O. Box Number Is Not Acceptable)	2823 NEWPORT BLVD.
83	#128
84 City	NEWPORT BEACH, CA
85 Zip Code	92663

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	CHAIRMAN
NAME	DE MESA, JAMES M	1.2 NAME	JAMES M. DEMESA
STREET ADDRESS	3011 W BAY VIEW	1.3 STREET ADDRESS	2823 NEWPORT BLVD, #128
CITY-ST-ZIP	TAMPA FL 33611	1.4 CITY-ST-ZIP	NEWPORT BEACH, CA 92663
TITLE	STD	2.1 TITLE	STD
NAME	DEMESA, JILL C	2.2 NAME	JILL C. DEMESA
STREET ADDRESS	3011 W BAY VIEW	2.3 STREET ADDRESS	2823 NEWPORT BLVD, #128
CITY-ST-ZIP	TAMPA FL 33611	2.4 CITY-ST-ZIP	NEWPORT BEACH, CA 92663
TITLE	D	3.1 TITLE	
NAME	DEMESA, ANITA	3.2 NAME	
STREET ADDRESS	784 S. VILLAGE CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

2/23/98 714723-4162

CR2E034 (1097)