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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000065095 (8)

CAL'S COASTAL SYSTEMS INTERNATION, INC.

Principal Place of Business	Mailing Address	
897 WALNUT COURT PALM HARBOR FL 84683	P.O. BOX 1087 PALM HARBOR FL 34682-1087	
		8 6 1 1 0 16 1 18 6 6 1

FILED May 06 1997 8:00am Secretary of State

Principal Place of Business Mailing Address							8 8 	AI 3111 1881		
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897 WALNUT O PALM HARBOR		P.O. BOX 1087 PALM HARBOR FL 34682-	1087							
	_					3. Date Incorporated or Qualified 08/21/1995		ate of Last 6 08/1996	Report	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For	
21		26				59-3332663			lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	
22		27						Required		
City & State	0	City & State			6. Election Campaign Financing \$5.00 May Be					
23	I Country	28	The second secon			Trust Fund Contribution	Ш		I to Fees	
Zip	Country	Zip	Cour	ııry			This corporation has liability for intangible tax under s. 199.032,			
24]	9. Name and Address of Current	29 Registered Agent	30		Florida Statutes Yos X No 10. Name and Address of New Registered Agent					
WAT	SON, CALVIN	iogistored Agent		81	Name	To. Haine and Address of New No	Ristoren	Agoni		
	WALNUT COURT									
	M HARBOR FL 34683		1	62	Street Add	ress (P.O. Box Number is Not Acceptab	lo)			
FAL	M HARDON FL 34003		ŀ	83						
				64	City		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statut	les the ah	l	e-named core	poration submits this statement for the n		f changing	its registered	
office or r	egistered agent, or both, in the State o	Florida, Such change was	authorized	by	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	t the app	ointment as	s registered	
	m ramiliar with, and accept the obligati	ons or, Section bur.usus, Fr	orida Siait	леѕ	ş.					
SIGNATURE	Signature, lyped or printed name of registered agent	and title if applicable (NCI)	t : Rng stered	Age	nt signature regui	red when reinstating)	DATE			
12.	OFFICERS AND		18.	<u> </u>		ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12	
TITLE	P	☐ DECE1E	1.4 117	LE				Change	Addition	
NAME	WATSON, CALVIN E		1.2 NA	ME						
STREET ADDRESS	397 WALNUT COURT		1.8 ST	REET	ADDRESS				j	
CITY-ST-ZIP	PALM HARBOR FL 34683		1.4 CIT	Y-\$	T-21P				,	
TITLE		DELETE	2.€ TIT	l F				Change	Addition	
NAME			2.2 NA	MÉ						
STREET ADDRESS			2.8 ST	≀£€1	ADDRESS					
CITY-ST-ZIP			2.401	I Y - S	61 - ZIP					
TITLE		DELETE	3.4 107	l F				Change	☐ Addition	
NAME			3.2 NA	ME						
STREET ADDRESS			3.8 S1I	RET	ADDRESS					
CITY-ST-ZIP	_		3.4. CI	IY - S	61 - ZIP					
TITLE		DELFTE	4.1 1/1	LF				Change	Addition	
NAME			4. 2 N/	ME						
STREET ADDRESS			4.8 ST	REE 1	ADDRESS					
CITY-ST-ZIP			4.4 CIT	Y - \$	1 - ZIP					
TALE		☐ DELETE	5.1 111	ιŧ				Change	Addition	
NAME			5.2 NA	Μŧ					ľ	
STREET ADDRESS			5. 3 STI	REET	ADDRESS					
CITY-ST-ZIP			5.4 CIT	Y - S	1 - 7IP					
TITLE		DELETE	61 717	l E				Change	Add:tion	
NAME			62 NA	ME						
STREET ADDRESS			63 S1	REET	ADDRESS				,	

14. I do 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 12 or Block 12 or an an attachment with an address.