PROFIT	
CORPORATION	
ANNUAL REPORT	
1999 - PU	TO WE INS

FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

FILED

## SCOPPORTION Name ## Copportation Name #	1999 . Po DIVISION OF CO	DRPORATIONS	ON 1 - 58	
Principal Place of Business C \$15 S O CMILE APP BY A 3280 2. Principal Place of Business 3. Busine April Ref. 4. FEI Number 5. Cartiford Ref. 5. Busine April Ref. 5. Bu	DOCUMENT # P950000 68505		00 MAR 24 PM 1: 58	
Principal Place of Business C \$15 S O CMILE APP BY A 3280 2. Principal Place of Business 3. Busine April Ref. 4. FEI Number 5. Cartiford Ref. 5. Busine April Ref. 5. Bu	1. Corporation Name KOS COASTAL TWC	,	SECRETARY OF STATE	
CRIS S OFFICE OF THE 3280C 2. Principal Place of Business 2. Suite, Apt. R. etc. Suite, Apt. R. etc. Suite, Apt. R. etc. City & State City & Country City & State City & Country City & State	1			
DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifest 9 (9 (04) (SS) 2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apt. 8, etc. 2. Country 2. Country 2. Country 2. Double Treat Elevation Companies of Status Desired Peo Required 3. This corporation overs the current year Intengible 4. File Number 5. Certificate of Status Desired Peo Required 6. Election Campaign Fine Intengible 2. Proceedings of Status Desired Peo Required 3. This corporation overs the current year Intengible 3. This corporation overs the current year Intengible 4. File Number 5. Certificate of Status Desired Peo Required 6. Election Campaign Fine Intendige 4. File Number 5. Certificate of Status Desired Peo Required 6. Election Campaign Fine Intendige 4. File Number 5. Certificate of Status Desired Peo Required 6. Election Campaign Fine Intendige 6. Election Campaign Fine Intendig				
2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Mailing	6973 3 01/1/21		DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc. 28	6 r/Ando P/A-3280c		3 Date Incorporated or Qualifed /	
Suite, Appl. R. etc. Suite, Appl. R. etc. Suite, Appl. R. etc.	2. Principal Place of Business 2a. Mailing Address			-
Suite, Appl. R. etc. Suite, Appl. R. etc. Suite, Appl. R. etc.	26		59-3332462 Not Applicat	ble
Zip Country Zip Country		-	5 Certificate of Status Desired Status Desired Status Desired	
Zip Country Zip Country Zip Sale Sale Sale Country Sale Coun				
9. Name and Address of Current Registered Agent LAWRENCE SPESU 343 MMerra Ave Cor M CARD/8 F/A 3734 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 5502 and 607 1508. Ronds Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am Rightsynth, and active the color 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 Rightsynth, and active the color of 5005, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. SUPSTAND DELETE 11 TITLE OFFICERS AND DIRECTORS IN 12. SUPSTAND DELETE 21 TITLE STREET ADDRESS OF IMAGU F/B 3 2800 DELETE 21 TITLE 22 TINLE 22 TINLE 22 TINLE 23 STREET ADDRESS 33 STREET ADDRESS 33 STREET ADDRESS 34 CITY-ST-2P TILE OBLETE 41 TITLE OBLETE 51 TITLE ORAGINOST-2P TITLE CHANGES 14 TITLE ORAGINOST-2P TITLE CHANGES 15 TITLE ORAGINOST-2P TITLE CHANGE 15 TITLE ORAGINOST-2P TITLE CHANGE 15 TITLE ORAGINOST-2P TITLE CHANGES 15 TITLE ORAGINOST-2P TITLE CHANGE 15 TITLE ORAGINOST-2P TITLE ORAGINOST-2P TITLE CHANGE 15 TITLE ORAGINOST-2P TITLE CHANGE TITLE CHANGE 15 TITLE ORAGINOST-2P TITLE CHANGE TITLE CHANG	Zip Country Zip	¬ '	8. This corporation owes the current year Intangible	-
AUNIANCE STORES Street Address (P.O. Box Number is Not Acceptable) Street Add	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> </u>	
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 of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the eppointment as registered agent. I am familiars with, and exploit the obligations of Section 607.0505, Florida Statutes, the above-named corporation is board of directors. I hereby accept the eppointment as registered agent agent. I am familiars with, and exploit the obligations of Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CFLORAGE AVE President 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition THE SCAURA (1945 CFLORAGE AVE President 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. SIRRET ADDRESS 13. SIRRET ADDRESS 13. SIRRET ADDRESS 14. ST. ST. 2P THE WARE 22. SIRRET ADDRESS 14. CRIV-ST. 2P THE SAME 22. SIRRET ADDRESS 23. SIRRET ADDRESS 24. CRIV-ST. 2P THE SAME 24. ST. ST. 2P THE SAME 25. STREET ADDRESS 25. S	· · · · · · · · · · · · · · · · · · ·	81 Name		
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 of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the eppointment as registered agent. I am familiars with, and exploit the obligations of Section 607.0505, Florida Statutes, the above-named corporation is board of directors. I hereby accept the eppointment as registered agent agent. I am familiars with, and exploit the obligations of Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CFLORAGE AVE President 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition THE SCAURA (1945 CFLORAGE AVE President 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. SIRRET ADDRESS 13. SIRRET ADDRESS 13. SIRRET ADDRESS 14. ST. ST. 2P THE WARE 22. SIRRET ADDRESS 14. CRIV-ST. 2P THE SAME 22. SIRRET ADDRESS 23. SIRRET ADDRESS 24. CRIV-ST. 2P THE SAME 24. ST. ST. 2P THE SAME 25. STREET ADDRESS 25. S	LAWRENCE SPIESEL	82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
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 of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the eppointment as registered agent. I am familiars with, and exploit the obligations of Section 607.0505, Florida Statutes, the above-named corporation is board of directors. I hereby accept the eppointment as registered agent agent. I am familiars with, and exploit the obligations of Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CFLORAGE AVE President 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition THE SCAURA (1945 CFLORAGE AVE President 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. SIRRET ADDRESS 13. SIRRET ADDRESS 13. SIRRET ADDRESS 14. ST. ST. 2P THE WARE 22. SIRRET ADDRESS 14. CRIV-ST. 2P THE SAME 22. SIRRET ADDRESS 23. SIRRET ADDRESS 24. CRIV-ST. 2P THE SAME 24. ST. ST. 2P THE SAME 25. STREET ADDRESS 25. S	343 Mens HUE	83		
11. Pusuant to the provisions of Section 607 6002 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 expositionent as registered agent, and eachly the obligation-of, Section 607,0505, Florida Statutes. SIGNATURE Signature, sped or printed rame of registered agent and title if applicable. (NOTE: Registered Agent signature required when resinations) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE AME STREET ADDRESS OF I MALE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 I TITLE ACTIVES OF A MALE OF I MALE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 I TITLE OF I MALE	Coral Gables Fla 33134	84 City	FI 85 Zip Code	
12. OFFICERS AND DIRECTORS THE SCAURZ KIAMS DELETE SLITTE CANAGE TO OFFICERS AND DIRECTORS IN 12 SCAURZ KIAMS DELETE SLITTE CANAGE STORE AVE President 12 NAME 13 NA CITY-ST-ZP 12 NA CITY-ST-ZP 12 NA CITY-ST-ZP 12 NA CITY-ST-ZP 12 NA CITY-ST-ZP 13 NA CITY-ST-ZP 14 NA CITY-ST-ZP 15 N	office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 607.0505, Florid SIGNATURE	nonzed by the corporation a Statutes.	n's board of directors. I hereby accept the appointment as registered	d
STREET ADDRESS C S S C C C C C C			37	:
STREET ADDRESS C S S C C C C C C	TITLE SCHUCZ KIAUS DELETE	1.1 ΠΠ.Ε	☐ Change ☐ Addi	ition
Addition	NAME Orasident	1.2 NAME	0000001001006	-
Addition	STREET ADDRESS 6755.	1.3 STREET ADDRESS	-04/04/0301102018	•
Addition	CITY-ST-ZIP () MACU PIP 3 2807	1.4 CITY-ST-ZIP		ition
23 STREET ADDRESS 2.4 CITY-ST-ZIP		2.7 11100	The state of the s	illoi1
2.4 CITY-ST-ZIP	i	i i		
DELETE DELETE 3.1 TITLE Change Addition AMME 3.2 NAME 3.3 STREET ADDRESS ACTY-ST-ZIP	-	9 _ i	ميت د معود سات	
32 NAME 32 NAME 33 STREET ADDRESS 33 STREET ADDRESS 34 CITY-ST-ZIP			☐ Change ☐ Addi	tion '
34. CITY-ST-ZIP	NAME	3.2 NAME		
TILE	STREET ADDRESS	3.3 STREET ADDRESS		-
A	CITY-ST-ZIP	3.4. CITY-ST-ZIP		
A3 STREET ADDRESS A4 CITY-ST-ZIP	TITLE DELETE	4.1 TITLE	☐ Change ☐ Addi	ition
	NAME	4. 2 NAME		
ITILE DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ITILE DELETE 6.1 TITLE Change Addition 6.2 NAME SP	STREET ADDRESS	1		
SIZE STREET ADDRESS S	CITY-ST-ZIP	"	. Change Addi	ition
5.3 STREET ADDRESS		1		uon
ITLE DELETE 6.1 TITLE Change Addition 6.2 NAME SP				
6.2 NAME SP		Q	☐ Change ☐ Addi	tion
		6.2 NAME		
	STREET ADDRESS	8 I	ər	

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, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

402 850 9540

CR2E034 (11/98)

page 2 ot 2 Attachment



P. O. Box 2214 Lutz, FL 33548 813-975-0453

Nationwide Paging 1-888-375-5577

Professional Sound and Lighting Design and Installation

March 15, 2000

Michelle Milligan
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Ms Milligan,

I hope we can finally clear up this mess that has been going on for over a year. I hope you remember our telephone conversation of a couple of weeks ago. This started when I put the wrong P. O. Box on the original filling. I did not receive correspondence from your office and the change of address could not be made without the filling. The fillings I have sent up have been returned with the money orders I sent. I have checked at the post office and the box number that was on the account is one for a long time postal employee and they insist any correspondence would have been returned to your office. Please check one more time if you don't mind to see if the money is there. It has been sent twice. In any event as per your instructions I am enclosing an original form with two years fees. Hope High Tech Entertainment is back on track.

Sincerely,

Donald House, Jr.

President

/ /	PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLETI	NG THIS FOR	M.	, 10
API	PLICATON TO THE PLICATION OF THE PLICATI		A DE ART IF	T OF STATE		u	\cap	10K
,	FOR	Y	See an of S	erris State			V	
REIN	STATEMENT	DIV	VI INC C RPOR	ATIONS		LED	.11	
	JMENT# H366	15			OO MAR	24 AMII: 23	HHACK	ment
1. Corpora	V.					TARY OF STATE ASSEE, FLORID	4	
U.S.A.	ACTIONWEAR, INC.				TĂLLAH	ASSEE, FLORIU	Ŗ.	
Principal P	lace of Business	Mailing Addre	ess				ì	
613 FERN			e J. Abbott, CPA st Granada Bouleva	ırd				
US US	LL FL 32117	Ormond I	Suite G-10 Beach, FL 32174-9	409		IND ITHIS BUILD BUINT HIERT AND ANT AN	011 010 12 01031 619 14 010	
	addresses are incorrect in any way, line thro		formation and enter o		4 Data hasan	aretad as Ovellead		
Suite, Apt.		Suite. Ant. #	et A	- трикаше	To Do Busin	orated or Qualified ness in Florida	12/31/1984	
City & State		555 W.	GRANADA I	Prigar	5. FEI Number	59-2481841	H-+	olied For Applicable
Zip	Country	URMOI	UD IS ELL	14, PL.	6.	OF STATUS DESIRED	\$8.75 Additional	Fee required
7 Names	and Street Addresses of Each Officer and/	or Director (Flor	· <u>4</u> <u>u</u>	LS	<u> </u>	OF STATOS DESIRED [for a Certificate	e of Status
Title(s)	Name of Officers and/or Directors	<u> </u>	Stre Off	eet Address of Each			/ State / Zip	
1	2		3 0005 OU141/4 DI			DAVEONA DEACH		
P	VOLA, CHARLES M		2385 GUAVA DI	н 		DAYTONA BEACH	<u></u>	
VP	VOLA, CESARE M.		970 SAMMS AVE.		PORT ORANGE FL			
. D	VOLA, CINDY W		2385 GUAVA DRIVE		DAYTONA BEACH FL			
`•					90	0000319	ပော့ခွေခ	<u> </u>
							011030 10 L** **30	
					,			
-;-	8. Name and Address of Current i	Registered Age	nt	Name	9. Name and A	ddress of New Registe	red Agent	
. VOLA	, CHARLES				P O Box Number	is Not Acceptable)		
615 F	Fern St			Suite, Apt. #, Etc.	P.O. Box Number is Not Acceptable)			
HOLL	LY HILL FL 32017			City			State Zip Code	
10 L being	g appointed the constered sent of the abo	ve ranged corno	ration, am familiar vi	th and accept the o	bligations of Secti		FL	
Signature o				MRED		Date 3/21	100	
Registered		GISTERED AGI	ENT MUST SIGN			Date		
this rein	that I am an officer or director or the receives tatement application, the reason for dissolvy the corporation have been paid and the papplication is true and accurate, and my signature.	olution has been names obind ivid	eliminated, the corpo uals listed on this for	orate name satisfies m do not qualify for	the requirements an exemption und	of section 607.0401 or 6	17.0401, F.S., that	t all fees
				SIN	3	121/00		
SIGNA		NTED NAME OF S	IGNING OFFICER OR C	DIRECTOR		Date	Daytime Phone #	

PAZOZ Attachment

USA ACTIONWEAR, INC. 613 Fern Avenue Holly Hill, Fl. 32117

Division of Corporations Annual Corporate Reporting P. O. Box 6327 Tallahassee, FL. 32314

RE: Document # H36615 REINSTATEMENT

Dear Division:

Enclosed you will find a check in the amount of \$300.00 to cover the filing fees for the year 1999. I did NOT receive the forms for that year, and, therefore did not file the required returns. At that time, my mail was delivered to an outside area that turned out not to be secure. Subsequently to that time, the location has changed and my mail is being timely received.

I am requesting you waive all penalties as the failure to file was clearly not my fault. I have been an active corporation since 1984 and have always complied with the filing requirement. I have also change the mailing address so all future reports will be sent to my accountant.

I have also enclosed the 2000 Uniform Business Report (UBR) with an enclosed check for \$150.00.

I sincerely appreciate your consideration in this matter and that you will reinstate my corporation.

and cause who constructed which the later of the process of the construction of the co

Very truly yours,

Mr. Charles Vola

President

cc: Dale J. Abbott, CPA

FILE	E NOW: FILING FE	E AFTER N	MAY 1ST IS	\$550.00	rage 1 of	٦
" COF ANNU	PROFIT' RPORATION JAL REPORT 1999+70000		Katherin Secretary	TMENT OF STATE THE Harris THE OF State ORPORATIONS	APPROVEDS AND AHACM FILED AHACM 00 HAR 24 PH 2: 04	rent
DOCÚI	MENT # P98 h Tech	000079	5499 -tain n	nent Inc	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1419	jh rean			,		
Principal Plac	e of Business	Mailing	Address			
		P.O.Ba	55 XC	.14	DO NOT WRITE IN THIS SPACE	
		Litz.	FL 3	3548	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	
2. Principal P	lace of Business		ina Address	_	8 · 2 8 - 98 4. FEI Number Applied	For
לז Suite, Apt.	#, etc.	26 (Suite	2. O. Box 9, Apt. #, etc.	2214	65-0860686 Not App \$8.75 Addition	
City & Stat	۵	27 City	& State		5. Certificate of Status Desired Fee Require 6. Election Campaign Financing \$5.00 May	
	·	28 LL	itz,	Country	Trust Fund Contribution Added to Fe	
Zip	Country 25	29 3		30	8. This corporation owes the current year Intangible Personal Property Tax.	o
	9. Name and Address of C	_	Agent	81 Name	10. Name and Address of New Registered Agent	
DONO		ce Bur.	nell Dr	82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
1200	_			83		
LUTZ	•	3549		84 City	FL 85 Zip Code	
office or r	to the provisions of Sections 60 registered agent, or both, in the im familiar with, and accept the	State of Florida. Su	ich change was aut	thorized by the corporation	oration submits this statement for the purpose of changing its regis on's board of directors. I hereby accept the appointment as register	tered ed
SIGNATURE	Signature, typed or printed name of registe	red agent and title if applic	able. (NOTE: 0	Registered Agent signature required	d when reinstating) DATE	
12.	OFFICER PRESIDENT	RS AND DIRECTOR	RS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	N 12 Addition
NAME	la il Harra	۵۵ "		1.2 NAME		
STREET ADDRESS	15408 East Late Lute, PC 33	ce Burrell		1.3 STREET ADDRESS		
CITY-ST-ZIP	Lute, PC 33	549		1.4 CITY-ST-ZIP	Cl Change Cl	1 Addition
TITLE			☐ DELETE	2.1 TITLE 2.2 NAME	300003196163 -04/04/0001103009	TAGE COIL
NAME STREET ADDRESS				2.3 STREET ADDRESS	~84/94/99~~01103~~003 ****300.00 *****300.0	າດ ″
CITY-ST-ZIP				2, 4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	JU
TITLE			☐ DELETE	3.1 TTTLE	☐ Change	Addition
NAME				3.2 NAME		-
STREET ADDRESS				3.3 STREET ADDRESS		1
CITY-ST-ZIP			☐ DELETE	3.4. C/TY-ST-ZIP	☐ Change] Addition
TITLE			☐ OELETE	4.3 IIILE 4.2 NAME	_ orange	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME STREET ADDRESS				4.3 STREET ADDRESS		- 1
CITY-ST-ZIP				4.4 CITY-ST-ZIP		
TITLE			□ DELETE	5.1 TITLE	☐ Change ☐] Addition
NAME				5.2 NAME	1	1
STREET ADDRESS				5.3 STREET ADDRESS	1 1 1	
CITY-ST-ZIP			<u></u>	5.4 CITY-ST-ZIP		1 A dieter
TITLE		•	☐ DÉLETE	6.1 TITLE		Addition
NAME				6.2 NAME	\DK\ \ \ \	_
STREET ADDRESS				6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	/ N Y'	
CITY-ST-ZIP	certify that the information suppl	ied with this filing d	oes not qualify for t		section 119.07(3)(i), Florida Statutes. I further codify that the inform	 nation
indicated officer or	on this annual report or suppler	nental annual repor e receiver or trustee	t is true and accura e empowered to ex	ate and that my signature ecute this report as requi	shall have the same legal effect as if made under oath; that I am a red by Chapter 607. Florida Statutes; and that my name appears i	an

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime

Daylime

SIGNATURE:

Rage 1 of 2