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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000029110

1. Corporation Name COACHMAN INVESTMENTS, INC.

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90126 043 ***150.00



Principal Place			1 10811801	\$10 IUI\$8 BII\$1 BB\$1 U	JIH ODINI OBINO I		i illen ogn rom			
18835 N.W. 23F		18835 N.W. 23RD AVENUE	Mailing Address 18835 NW 23RD AVENUE							
MIAMI FL 33056		MIAMI FL 33056			DO NOT WRITE IN THIS SPACE					
					N. Data Income			SPACE		7
				'	03/27/199	rated or Qualifed K				
2 Principal D	loce of Business	2a. Mailing Address			5. FEI Number			. Ar		1
21					65-06689	no .		· + +	ot Applicable	1
Suite. Apt. #. etc.		Suite, Apt. #, etc.							Additional	1
22 27		<u> </u>			5. Certifcate of Status Desired			Fee Required		
City & State		City & State			5. Election Carr	paign Financing		\$5.00	May Be]
23		28	-		Trust Fund C	Contribution ?		- Added	to Fees	1
Zip	Country	Zip	Country	8	•	tion owes the curi	rent year Inta		-A.	
24	25	29 30	וֹכ		Personal Pro			☐ Yes	<u> </u>	┥
	9. Name and Address of Current	Registered Agent	81 Name). Name and A	ddress of New I	Registered /	Agent		1
MUR	PHY, BETTY		o i name	.	_			:		
1883	82 Street	t Address	(P.O. Box Num!	ber is Not Accept	able)			İ		
MIAN	83							1		
1			33							
			84 City				FI	85 Zip	Code	
44 Duramant	to the provisions of Sections 607.0502	and 607 1508 Florida Statutes	the above-named	d cornoration	on submits this	statement for the	purpose of	changing its	registered	┨-
office or re	egistered agent, or both, in the State o	of Florida. Such change was auth	iorized by the corp	poration's l	poard of directo	rs. I hereby acce	pt the appoir	ntment as re	gistered	
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	a Statutes.							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agent signature	e required when	n reinstating)		DATE			۾ ا
12.	OFFICERS AND		13.		ADDITIONS/C	HANGES TO OF	FICERS AN	D DIRECTO	ORS IN 12	(11/98)
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	l									

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.