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

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000037188 (5)

CORAL ENTERPRISES OF PALM BEACH, INC.

| 7826 CORAL ST. SUITE 8 HYPOLUXO FL 33462 | | SUITE 8 | 7928 CORAL ST. SUITE 8 HYPOLUXO FL 33482-6157 | | | 2 Data la | corporated or Qualified | las Do | to of Lost E | lonad |
|---|--|--|---|--|---|---------------------------------------|--|-------------------|-----------------------------|--|
| | | | | | | 3. Date Inc. 04/30/ | | 1 | te of Last F ルノA | report |
| 2. Principal Prace of Business | | 2a. Mailing | Address | | + | 4. FEt Nun | | | | oplied For |
| Suite, Apt #, etc 2 | | 26 | 26 Suite, Apt. #, etc | | | 105- | 1 | | | ot Applicable |
| | | <u> </u> | | | | | 5. Certificate of Status Desired S8.75 Additional Fee Regulred | | | |
| City & State | | City & S | ate | | | l l | Campaign Financing nd Contribution | | | May Be to Fees |
| Zip | Country | Zip | | Country | , | B. This cor | poration has liability for | r intangible | | |
| 4 | 25 | 29 | | 30 | | • | | Yes [| | |
| 9. | . Name and Address of Cur | rent Registered Ag | ent | | | 10. Name a | and Address of New R | Registered / | \gent | |
| SAMMA | RCO, VINCENT T | | | 81 | Name | | | | | |
| 1000 N. | . HIATUS RD. | | | 82 | Street | Address (P.O. Box | Number is Not Accepte | able) | | |
| SUITE 1 | 140 | | | " | 0,,,,,,, | 1001000 (1.0. 00) | Hambar is Not Hoodpie | 2010) | | |
| PEMBR(| OKE PINES FL 33026 | | | 83 | | | | | | |
| | | | | 84 | City | | | | es Zo | Codo |
| | | | | 94 | City | | | FL | 85 Zip | Code |
| SIGNATURE | and the second of the second o | | | | | | | | | |
| ····· | | l agent and title if applicable AND DIRECTORS | (NOTE | | enl signature | required when reinstating: ADDITIO | NOICHANGES TO OFF | DATE ICERS AND | DIRECTOR | RS IN 12 |
| 12. | | ······································ | (NOTE | : Registered Ap 13. 1.1 TITLE | ent signature | ADDITIO | NOICHANGES TO OFF | ICEDS AND | DIRECTOR | |
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