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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000077755

Country

9. Name and Address of Current Registered Agent

25

COACHE, CLAUDE

330 SW 31ST AVE FT LAUDERDALE FL 33312

COACHE CUSTOM RENOVATIONS, INC.

Principal Place of Business
330 SW 31ST AVE
FT LAUDERDALE FL 33312

2. Principal Place of Business

Suite, Apt. #, etc.

City & State_

21

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Zip

Mailing Address

330 SW 31ST AVE

2a. Mailing Address <u> 1 اعا 4 26</u>

City & State

29

AVIE

328

FT LAUDERDALE FL 33312

FILED Mar 06, 1999 8:00 am **Secretary of State**

03-06-1999 90015 011 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/18/1996 4. FEI Number Applied For Not Applicable 59-2618647 \$8.75 Additional 5. Certifcate of Status Desired Fee Required Election Campaign Financing -\$5:00-May-Be= Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent

Zìp Code 84 City 85 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.

UNIVERSITY DRIVE

Country

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Street Address (P.O. Box Number is Not Acceptable)

± 312

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SIGNATURE	Signature, typed or printed name of registered agent	and title of equations (NOTE: E	Registered Agent signature require	ad when reinstating)	DATE	
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME	COACHE, CLAUDE		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			,
			1.4 CITY-ST-ZIP			
CITY-ST-ZIP	FT LAUDERDALE FL 33312	DELETE	2.1 TITLE		☐ Change	☐ Addition
TITLE	•					_
NAME	COACHE, JENNIFER		2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS	1		ļ
CITY-ST-ZIP	FT LAUDERDALE FL 33312		2.4 CITY+ST-ZIP	<u> </u>	Character Charac	Addition
TITLE		DELETE	3.1 TITLE		Change	L_I Addition [
NAME			3.2 NAME			Ì
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	·	☐ Change	☐ Addition
NAME	7	7	6.2 NAME			ļ
STREET ADDRESS	. /	1	63 STREET ADDRESS			Ì
		/ //	64 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filips 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 poster employered 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 organ attachment with an address, with all other like empowered.

SIGNATURE: