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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997.

Principal Place of Business

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham **

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000084038 (4)

COASTAL INTELLIGENCE AGENCY, INC.

3956 TIMN CENTER BLVD. 3956 TIWN CENTER BLVD. ORLANDO FL 92837 ORLANDO FL 32837-6116 3. Date Incorporated or Qualified 3a. Date of Last Report 10/08/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WAGNER, SANDY 3956 TOWN CENTER BLVD. Street Address (P.O. Box Number is Not Acceptable) #417 83 ORLANDO FL 32837 84 City 85 Zip Code 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) DELETE Addition TITLE 1.1 TH LE Change NAME wagner, sandy 1.2 NAME % 8956 TOWN CENTER BLVD #417 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32837 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE WAGNER, RONALD NAMÉ 2.2 NAME % 3956 TOWN CENTER BLVD #417 STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32837 CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE 3 1 1/11 F Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 41 THLE Change Addition NAME 4. 2 NAME

14. I do hereby certify that the information supplied with this filling 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 supplies entail 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 observer 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 chapter 607 and attachment with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - \$1 - ZIP

5.17ITLE

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

CONSTRUCTION CONTRACTOR OF CHILD

4/3/197 40-014-881

700002212607 -06/16/97--01026--035

***165.00

Change

☐ Change

Addition

Addition

FILED

Jun 12 1997 8:00am

Secretary of State



Coastal Intelligence Agency, Inc.

Office of Bureau Services 3956 Town Center Blvd., No. 417 Orlando, FL 32837

77 (407) 816-8800

2d NoticE

12/16/96

Fax: (407) 857-9847

Domestic Return Receipt

Department of Revenue Carlton Bldg. Tallahassee, FL 32301

To whom it may concern.

This is to notify you that my recently formed Corporation has been duly approved and accepted by the Feds as an Official Sub Chapter S corporation.

As you know this will impact on my Corporate Taxes in Florida. Please make the suitable notations in your records.

PS Form 3811, December 1994

Thank You.	SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit.
Regards.	Permit. ■Write*Return Receipt Requested* on the mailplece below the article number. ■The Return Receipt will show to whom the article was delivered and the date delivered. 2. □ Restricted Delivery Consult postmaster for fee. 3. Article Addressed to: 4a. Article Number
Sandy Wagner President	Definition of Revenue 4b. Service Type Registered Recordified
President	5. Received By Transian Warray 9 6.0 £ 330 B. Addressee's Address (Only if required and fee is paid)

593404873 RJ 00 0000 R23716

Department of the Treasury Internal Revenue Service ATLANTA, GA 3990

Internal Revenue Service

9648 5901

> Date of this notice: Taxpayer identifying Numb∮r Form:

DEC. 9, 1996 59-3404873 Tax Period:

28094 26

For assistance you may call us at:

07953-723-00753-6

354-1760 LOCAL JAX 1-800-829-1040 DTHER F

Or you may write to us at the address shown at the left. If you write, be sure to attach the bottom part of this notice.

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COASTAL INTELLIGENCE AGENCY INC 3956 TOWN CENTER BLVD 417 ORLANDO FL 32837-61165 32837-6116562

NOTICE OF ACCEPTANCE AS AN S-CORPORATION

YOUR ELECTION TO BE TREATED AS AN S-CORPORATION WITH AN ACCOUNTING PERIOD OF DECEMBER ACCEPTED. THE ELECTION IS EFFECTIVE BEGINNING OCT. 8, 1996, SUBJECT TO VERIFICATION WE EXAMINE YOUR RETURN.

IF YOUR EFFECTIVE DATE IS NOT AS REQUESTED, IT WILL HAVE BEEN CHANGED FOR ONE OF TWO REASONS. EITHER YOUR ELECTION WAS MADE AFTER THE 15TH DAY OF THE THIRD MONTH OF THE TAX YEAR TO WHICH IT APPLIES, BUT BEFORE THE END OF THAT TAX YEAR, OR THE ELECTION WHEN SUBMITTED WAS INCOMPLETE, AND REQUESTED INFORMATION WAS RECEIVED AFTER THE FILING PERIOD. IN EITHER CASE, YOUR ELECTION IS INVALID FOR THE TAX YEAR REQUESTED AND HAS THEREFORE, BEEN TREATED AS THOUGH IT WERE MADE FOR THE NEXT TAX YEAR.

PLEASE KEEP THIS NOTICE IN YOUR PERMANENT RECORDS AS VERIFICATION OF YOUR ACCEPTANCE AS AN S-CORPORATION.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR THE ACTIONS WE HAVE TAKEN, PLEASE WRITE TO US AT THE ADDRESS SHOWN ABOVE. IF YOU PREFER, YOU MAY CALL US AT THE IRS TELEPHONE NUMBER LISTED IN YOUR LOCAL DIRECTORY. AN EMPLOYEE THERE MAY BE ABLE TO HELP YOU, HOWEVER, THE OFFICE AT THE ADDRESS SHOWN ON THIS NOTICE IS MOST FAMILIAR WITH YOUR CASE.

IF YOU WRITE TO US, PLEASE PROVIDE YOUR TELEPHONE NUMBER AND THE MOST CONVENIENT TIME OR US TO CALL SO WE CAN CONTACT YOU TO RESOLVE YOUR INQUIRY. PLEASE RETURN THE BOTTOM PART F THIS NOTICE TO HELP US IDENTIFY YOUR CASE.

THANK YOU FOR YOUR COOPERATION.

To make sure that IRS employees give courteous responses and correct information to taxpayers, a second IRS employee sometimes listens in on	
telephone calls. Keep this part for your records	Overlay 5 Form 8489 (Rev.8-91)
Keep this part for your records	,

Return this part to us with your check or inquiry Best time to call

Your telephone number

593404873 RJ

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