

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

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000087063 (9)

1. Corporation Name
COIT SERVICES OF FLORIDA EAST COAST, INC.



Principal Place of Business
4365 11TH PL SW
VERO BEACH FL 32968

Mailing Address
4365 11TH PL SW
VERO BEACH FL 32968-4844

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/21/1996	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0738213	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CANTNER, C ROBERT 4365 11TH PL SW VERO BEACH FL 32968				51	Name		
				52	Street Address (P.O. Box Number is Not Acceptable)		
				53			
				54	City	FL	55

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CANTNER, C ROBERT		12 NAME				
STREET ADDRESS	4365 11TH PL SW		13 STREET ADDRESS				
CITY - ST - ZIP	VERO BEACH FL 32968		14 CITY - ST - ZIP				
TITLE	D	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CANTNER, EDNA		22 NAME				
STREET ADDRESS	4365 11TH PL SW		23 STREET ADDRESS				
CITY - ST - ZIP	VERO BEACH FL 32968		24 CITY - ST - ZIP				
TITLE	D	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CANTNER, RICHARD G		32 NAME				
STREET ADDRESS	208 REVERE BLVD		33 STREET ADDRESS				
CITY - ST - ZIP	WEST LAWN PA 19609		34 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			42 NAME				
STREET ADDRESS			43 STREET ADDRESS				
CITY - ST - ZIP			44 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			52 NAME				
STREET ADDRESS			53 STREET ADDRESS				
CITY - ST - ZIP			54 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY - ST - ZIP			64 CITY - ST - ZIP				

14. I do 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.

SIGNATURE: *C Robert Cantner* **ROBERT CANTNER** 4/11/97 562-562-2017
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)