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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600092650

 Corporation 	Name					
COASTA	L MARKETING, INC.					
				I KOREKORA DIA KORPO ARRIK DERKI DERKI ARRIK ARRIK	<u>e :aiia iibia aiisi ai</u>	(II 10 1 11
Principal Place	of Business	Mailing Address		. I (ONITARAL THE TOTAL METTER AND THE METTER AND T	M 1811A ISBIN BIJAS BI)II 03II 100I
8033 BRETON CIRCLE 6900-29 DANIELS PKWY						
FORT MYERS F		FT MYERS FL 33912		DO MOT MORE IN THE	0.004.05	
US US				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		
9 5		2a. Mailing Address		11/07/1996 4. FEI Number	Appl	ied For
سىدنى <u> </u>	lace of Business 51 Persimmon Ct			65-0712765		Applicable
Suite, Apt.		Suite, Apt. #, etc.			\$8.75 Ad	
22	m, 010.	27		5. Certifcate of Status Desired	Fee Requ	I .
City & State	e	City & State		6. Election Campaign Financing	\$5.00 M	fav Be
23 FOY+1		28		Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year In		_
24 33	19/3 ₂₅ US	29 36	0	Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	d Agent	
	CUDIOTADUED W		81 Name			
HALL, CHRISTOPHER W			82 Street Ad	dress (P.O.Box Number is Not Acceptable)		
8033 BRETON CIR UNIT 102			114	of persimmon ca		
	102 IYERS FL 33912		83		~ _ ,	J
	11ENS FE 33912		84 City 7	mc/ M [1]	85 Zip Co	ode
			P_{i}	ort Myers Fl		3/13
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Statutes, of Florida, Such change was auth	, the above-named co	rporation submits this statement for the purpose of	ointment as regis	stered
		of the last carriering was accommon	torizod by the delipord	tions board or directors. Thereby decept the appr		
agent. I ar	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	a Statutes.	mons board of directors. Priorety decept the appli-	100	
agent. I ar SIGNATURE	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	a Statutes.	7/3/	99	
agent. I ar SIGNATURE	m familiar with, and accept the obligation	lons of, Section 607.0505, Florid	a Statutes. ggistered Agent signature required 13.	7/3/	99	
agent. I ar SIGNATURE	or familiar with, and accept the obligation of the state of registered agent of the state of registered agent of the state	lons of, Section 607.0505, Florid	a Statutes.	7/2 DATE	99	
agent. I ar SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	igns of, Section 607.0505, Florid Liand title if applicable. (NOTE: Re	a Statutes. pojistered Agent signature requi	arred when reinstating) ADDITIONS/CHANGES TO OFFICERS A	99 AND DIRECTOR	tS IN 12
agent. 1 ar SIGNATURE 12. TITLE	or familiar with, and accept the obligation of the state of registered agent of the state of registered agent of the state	igns of, Section 607.0505, Florid Liand title if applicable. (NOTE: Re	a Statutes. egistered Agent signature requ 13. 1.1 TITLE	7/2 DATE	99 AND DIRECTOR	tS IN 12
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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.

6.4 C/TY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP