

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

FILED

Apr 21 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 # P96000092672 (0)

1. Corporation Name

COASTERS OF AMERICA INC



Principal Place of Business

Mailing Address

13015 GULF BLVD
MADEIRA BEACH FL 33708

13015 GULF BLVD
MADEIRA BEACH FL 33708-2638

*City Changed Street name
still same place*

2. Principal Place of Business

2a. Mailing Address

21 Village Blvd
Suite, Apt. #, etc.

26 Village Blvd
Suite, Apt. #, etc.

22 City & State
Some

27 City & State
Same

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified

11/07/1996

3a. Date of Last Report

New Corp 11/7/96

4. FEI Number

59-3415703

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALGADEY, PETER G
13015 GULF BLVD
MADEIRA BEACH FL 33708

Village Blvd

81 Name

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

83

84 City

FL

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 *Peter Malgadey Pres.*
Signature, typed or printed name of registered agent and title if applicable.

Peter Malgadey
(NOTE: Registered Agent signature required when constituting)

4/14/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE *President* ☐ DELETE
NAME *Peter Malgadey*
STREET ADDRESS *13015 Village Blvd*
CITY-ST-ZIP *MADEIRA BEACH FL 33708*

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE *V.P.* ☐ DELETE
NAME *Othel Malgadey*
STREET ADDRESS *13015 Village Blvd*
CITY-ST-ZIP *MADEIRA BEACH, FL 33708*

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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: *Peter Malgadey Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97 *(913) 397-0420*
Date Daytime Phone #

0376776

CR2E034 (9/96)