

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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90085 047 \*\*\*150.00

DOCUMENT # P96000092672

1. Corporation Name

COASTERS OF AMERICA INC

Principal Place of Business

13015 VILLAGE BLVD  
MADEIRA BEACH FL 33708  
US

Mailing Address

13015 VILLAGE BLVD  
MADEIRA BEACH FL 33708  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1996

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 owes the current year Intangible  
Personal Property Tax.

☐

☐

No

9. Name and Address of Current Registered Agent

MALGADEY, PETER G  
13015 VILLAGE BLVD  
MADEIRA BEACH FL 33708

10. Name and Address of New Registered Agent

81 Name

Peter Malgadey

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

13015 Pelican Ln

83

84 City

Madeira Beach

FL

85 Zip Code

33708

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)

DATE

12.

OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MALGADEY, PETER  
STREET ADDRESS 13015 VILLAGE BLVD  
CITY-ST-ZIP MADEIRA BEACH FL

TITLE VP ☐ DELETE

NAME MALGADEY, BETHEL  
STREET ADDRESS 13015 VILLAGE BLVD  
CITY-ST-ZIP MADEIRA BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

malgadey Peter G.

☒ Change

☐ Addition

1.2 NAME

13015 Pelican Ln

1.3 STREET ADDRESS

Madeira Beach FL 33708

1.4 CITY-ST-ZIP

2.1 TITLE

Malgadey Bethel E

☒ Change

☐ Addition

2.2 NAME

13015 Pelican Ln

2.3 STREET ADDRESS

Madeira Beach FL 33708

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

727-393-9427

Daytime Phone #

CR2E034 (11/98)