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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1330	514151614-61-65			
1. Corporation	MENT # P9700 COAST STATUARY, INC.	00004272 (5)			
. WEST	ONOT STATUARTS INC.			E CORMON HE HALL INDIA DANG CHIH BONG BONG BONG BOND HAND INDIA NOOL 1901	
Principal Plac	se of Business	Mailing Address			
1105 SEMINO CLEARWATER		1105 SEMINOLE ST CLEARWATER FL 34615		DO NOT WRITE IN THIS SPACE	
			·	3. Date Incorporated or Qualified 01/10/1997	
	Place of Business	2a. Mailing Address		4. FEI Number Applied Fo	
21		26		59-3423003 Not Applica	
Suite, Apt.	#, <b>8</b> 1C.	Suite, Apt #, etc.		5. Certificate of Status Desired Sa.75 Additiona	ı ]
City & Stat	10	City & State		Fee Required	
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	}
Zip	Country	7ip	Country	8. This corporation owes or has paid the current year intangible	
24	25	29 30	¬ '	Personal Property Tax due June 30. Yes No	
•	g. Name and Address of Curre		<u> </u>	10. Name and Address of New Registered Agent	-+
BO	OSI, RAYMOND		81 Name		
	05 SEMINOLE ST		Ctrost Add	(DO Do No. No. 1 No. Accordate)	
	EARWATER FL 34615		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
<b>V</b> E	EN MAILE TO TO TO		83		
			84 City	FL 85 Zip Code	- 1
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes,	, the above-named corp		red
office or r	registere/ragent, or both, in the Stat am familiar with, and accept the obli	le of Florida. Such change was auti Mayons of Section 607 0505. Florid	horized by the corporat da Statutes	poration submits this statement for the purpose of changing its register tion's board of directors. I hereby accept the appointment as registered	)d
SIGNATURE	Kamind 1	The		4/22/98	İ
SIGNATURE	Signature, typnid or printed from e of registered a	gent and bite diapphospila (NOTE: B	Registered Agent signature requi	red when reinstating) DATE	- J <u>.</u>
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\
TITLE	D	[_] DELETE	1.1 TITLE	☐ Change ☐ Add	ition
NAME	BOSI, KIMBERLY A		1.2 NAME		- 12
STREET ADDRESS	1105 SEMINOLE ST		1.3 STREET ADDRESS		18
CITY - ST - ZIP	CLEARWATER FL 34615		1.4 CHY-ST-ZIP		8
TITLE	P	☐ DELĒTE	2.1 TITLE	Change Add	ition (
NAME	BOSI, RAYMOND		2.2 NAME		
STREET ADDRESS	1105 SEMINOLE ST		2.3 STREFT ADDRESS		}
CITY+ST-ZIP	CLEARWATER FL 34615		2. 4 CITY - \$1 - ZIP		
TITLE		DELETE	3.1 TITLE	Change Add	ition
NAME			3 2 NAME		}
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	Change Add	ition
NAME			4. 2 NAME		]
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETÉ	5.1 TITLE	Change Add	ition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		- (
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	Change Add	ition
NAME			6 2 NAME		
STREET ADDRESS		ì	6.3 STREET ADDRESS		- 1
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. Lereby 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 suppliemental 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 of the receiver of 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, over 10 attachment with an address.

SIGNATURE:

Raymon Bos Haading 
SIGNATURE:

**FILED** 

May 18 1998 8:00am

Secretary of State