


**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90139 023 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000004651</b> <small>1. Corporation Name</small> <b>FLORIDA COASTAL PROPERTY MAINTENANCE INC.</b>					
<b>Principal Place of Business</b> 1193 ENTERPRISE DRIVE UNIT A3 PT CHARLOTTE FL 33953 US			<b>Mailing Address</b> 1193 ENTERPRISE DR UNIT A3 PT CHARLOTTE FL 33953 US		
<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		<b>3. Date Incorporated or Qualified</b> 01/13/1997	
<b>4. FEI Number</b> 65-0722082		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required.</b>		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>7. This corporation owes the current year Intangible Personal Property Tax.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>8. DO NOT WRITE IN THIS SPACE</b>			
<b>9. Name and Address of Current Registered Agent</b> SENIOR, VALERIE 176 BROADMOOR LANE ROTONDA WEST FL 33947			<b>10. Name and Address of New Registered Agent</b> 81 Name <b>John P. Hazzard</b> 82 Street Address (P.O. Box Number Not Acceptable) <b>180 NORTH INDIANA</b> 83 Suite <b>5</b> 84 City <b>ENGLEWOOD</b> FL 85 Zip Code <b>34223</b>		
<b>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.</b> SIGNATURE <i>John P. Hazzard</i> DATE <b>5.10.99</b>					
<b>12. OFFICERS AND DIRECTORS</b> <input type="checkbox"/> DELETE			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12.1 TITLE <b>D</b> 12.2 NAME <b>SENIOR, VALERIA</b> 12.3 STREET ADDRESS <b>1193 ENTERPRISE DR UNIT A3</b> 12.4 CITY-ST-ZIP <b>PT CHARLOTTE FL 33953</b>			13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP		
12.5 TITLE 12.6 NAME 12.7 STREET ADDRESS 12.8 CITY-ST-ZIP			13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP		
12.9 TITLE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY-ST-ZIP			13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP		
12.13 TITLE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY-ST-ZIP			13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP		

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:** *Val Senior* **3/2/99**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (1/98)