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

DOCUMENT # **P97000036999**1. Corporation Name

EAST COAST EXTERIORS, INC.

	•				
Principal Place	of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		
1094 12TH ST		1094 12TH ST		·	
	/ERO BEACH FL 32960 VERO BEACH FL 32960 US			DO NOT WRITE IN	THIS SPACE
US				3. Date Incorporated or Qualifed	THIS STAGE
				04/24/1997	
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 846	11+ DRIVE S.W.		DRIVE SW.	11-3387760	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			\$8.75 Additional
22	_	27		5. Certificate of Status Desired	Fee Required
City & State		City & State	1 61	6. Election Campaign Financing	\$5.00 May Be
23 VERE	BEACH, PL	28 VDO 6640		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24 3796		29 31962 31	o USA	Personal Property Tax.	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registe	ered Agent
DIZZO EDWINA				EDWINA PIZZO	
1706 CONGRESSIONAL WAY				idress (P.O. Box Number is Not Acceptable)	R CIRCUE
DEERFIELD BEACH FL 33063				915-3 WESTMINISTE	K CIKCUE
DEE	HILLED BEACH I'E 00000		83		
			84 City V		FL 85 2000 Code 6
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named co	orporation submits this statement for the purpor	se of changing its registered
office or n	egistered agent, or both, in the State o m familiar with, and accept the obligati	i Florida. Such change was autr ons of, Seetion 607.0505, Florid	a Statutes.	ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE		Odung C	THE DI	WINA PIED PRESIDENT	2.12.99
SIGNATURE	Signature, typed or printed name of registered agent		egiste ed gent signature req		·
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	Change Addition
TITLE	P ====================================	☐ DELETE	1,1 TITLE		El Outride 11 transco.
NAMÉ	PIZZO, EDWINA		1.2 NAME	FOWINA PIZZO 1915-3 WESTMINISTER	alciE
STREET ADDRESS	1706 CONGRESSIONAL WAY		1.3 STREET ADDRESS		O/d
C!TY-ST-ZIP	DEERFIELD BEACH FL 33224		1.4 CITY-ST-ZIP	UERO REACH, FL 32	700 ☐ Change ☐ Addition
TITLE		☐ DELETE	2.1 TITLE		
NAME	•		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		Change - Addition
TITLE		☐ DELETE	3.1 TITLE		Cloude Clouds
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		7 DELETE	4.1 TITLE		
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		□ acter	4.4 CiTY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE		Cualido C Vaginosi
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	i	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition J

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90072 002 ***150.00