

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

FILED

Feb 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Worthington</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000037264 (3)**

1. Corporation Name

**FLORIDA COAST LIGHTING, INC.**



Principal Place of Business

**1300 CORAL WAY, SUITE 300  
MIAMI FL 33145**

Mailing Address

**1300 CORAL WAY, SUITE 300  
MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/24/1997**

4. FEI Number

**65-0785302**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

**21 SAME AS ABOVE**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26 SAME AS ABOVE**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**30**

9. Name and Address of Current Registered Agent

**SOUVAY, FRANCOIS X WILLIAM E. PIND  
8004 S.W. 149TH AVENUE, APT. #C-411  
MIAMI FL 33193**

10. Name and Address of New Registered Agent

**81 Name WILLIAM E. PIND  
82 Street Address (P.O. Box Number is Not Acceptable)  
102 N. PROSPECT DR  
83  
84 City CORAL GABLES FL 85 Zip Code 33133**

11. Pursuant to the provisions of Sections 607.0509 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 resignation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name and title, if applicable.

**WILLIAM E. PIND**

**2-3-98**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PTSD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SOUVAY, FRANCOIS X</b>	
STREET ADDRESS	<b>8004 S.W. WAY, SUITE 300</b>	
CITY-ST-ZIP	<b>MIAMI FL 33145</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>WILLIAM E. PIND</b>	
1.3 STREET ADDRESS	<b>102 N. PROSPECT DR</b>	
1.4 CITY-ST-ZIP	<b>CORAL GABLES FL 33193</b>	
2.1 TITLE	<b>FABRICE PELEGRIANO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>SECRETARY</b>	
2.3 STREET ADDRESS	<b>10440 S.W. 156 CT # 729</b>	
2.4 CITY-ST-ZIP	<b>MIAMI, FL 33196</b>	
3.1 TITLE	<b>SCOTT STEPHAN</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>TREASURER</b>	
3.3 STREET ADDRESS	<b>3405 PINELAKE DR NORTH # 206</b>	
3.4 CITY-ST-ZIP	<b>MARGATE, FL 33063</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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; that the registered office or the person 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 amendment with an address.

SIGNATURE:

**WILLIAM E. PIND / PRES 1-20-98 305-858-3434**

CR2E034 (10/97)