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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000039359 (9)

COAST TO COAST PERSONNEL INC.

Principal Place of Business		Mailing Address		
162 GRANADA AVE WESTON FL 33326		162 GRANADA AVE		
WESTON FL	33326	WESTON FL 33326		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
ļ				05/01/1997
<u> </u>	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		05-0 /46658 Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution
Zìp	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29 j	30	Personal Property Tax due June 30. Yes No
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent PULL TERMAN JOHN A 81 Name				
DOLLERMAN, JOHN A				
162 GRANADA AVE WESTON FL 33326			82 Street Addr	ess (P.O. Box Number is Not Acceptable)
WES! ON FL 55520			83	
			84 City	FL 85 Zio Code
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 ag		re: Registered Agent signature require	ed when reinstating) DATE
12.		VD DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Change Addition
NAME	BULTERMAN, JOHN A		1.2 NAME	
STREET ADDRESS	162 Granada ave		1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33326		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY - ST - ZIP		11-11-11-11-11-11-11-11-11-11-11-11-11-	2. 4 CITY-ST-ZIP	
TITLE		L DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY - ST - ZIP			3,4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP	Change Addition
1		F" DEFECE	5.1 TITLE 5.2 NAME	E CHANGE AUGIBOR
NAME STREET ADDRESS			5.2 NAME. 5.3 STREET ADDRESS	
21 UCC1 ADDUC22			3.3 SINCEL AUUNCOS	

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.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

REQUIRED

DELETE

1/15/98 (954)385-8000

Change

___ Addition

FILED

Jan 23 1998 8:00am

Secretary of State