FILED

Mar 11, 1999 8:00 am Secretary of State

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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 # P97000049026

an mar	OF WEST COAST FLORID	A, INC.					
Principal Place	e of Business	Mailing Address					11918 9111 1881
6307 RIDGE ROAD PORT RICHEY FL 34668 US 6307 RIDGE ROAD PORT RICHEY FL 34668 US					DO NOT WRITE IN THE	S SPACE	
00					3. Date Incorporated or Qualifed 06/04/1997		
Principal Place of Business 2a. Mailing Address					4. FEI Number		pplied For of Applicable
21	H. A.	26 Suite Ant # sta			59-3449508	\$8.75	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_		5. Certificate of Status Desired	Fee Re	1
City & State	е	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be to Fees
Zip	Country 25	Zip Cc 29 30	ountry		This corporation owes the current year In Personal Property Tax.	tangible Les	□No
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New Registered	Agent	
DAV	S CARVI		81	Name			
DAVIS, GARY L 8726 STATE ROAD 54			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
SUITE "E"			83				
NEW	PORT RICHEY FL 34653		84	City	FI	85 Zip	Code
I office or re	egistered agent, or both, in the State	of Florida. Such change was authoriz- tions of, Section 607.0505, Florida Sta	ed by atutes	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appointment of the purpose of the	pintment as re	gistered
12.		ID DIRECTORS			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	PSD		TITLE			☐ Change	☐ Addition
NAME	BERNSTROM, ANGELA F	12	NAME				
STREET ADDRESS	8055 SYCAMORE DRIVE	1.3	STREET	T ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		CITY-S	T-ZIP			
TITLE	VPTD	☐ DELETE 2.1 TI				Change	Addition
NAME	BERNSTROM, MARK A		NAME				
STREET ADDRESS	8055 SYCAMORE DRIVE			TADDRESS			
CITY-ST-ZIP			CITY-E	ST-ZIP		☐ Change	Addition
TITLE NAME		_	NAME				
STREET ADDRESS		· ·		T ADDRESS			
CITY-ST-ZIP			CITY-S				
TITLE			TITLE			☐ Change	☐ Addition
NAME		4.2	NAME				
STREET ADDRESS		4.3	STREE	T ADDRESS	·		
CITY-ST-ZIP		4.4	CITY-S	IT-ZIP			
TITLE		i i	TITLE			Change	☐ Addition
NAME		•	NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			CITY-S	IT-ZIP		Change	☐ Addition
TITLE			TITLE	1		i i cuande	AGGIGOTI

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