SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

P97000062003 (3)

CORAL CLIFFS, INC.

Principal Place of Business

C/O WILLIAM J. MCPHARUN, ESO.

Mailing Address

C/O WILLIAM J. MCPHARLIN. ESO.

## **FILED** Oct 01 1998 8:00am Secretary of State



ONE E BROWARD BLVD SUITE 1500 FT LAUDERDALE FL \$3301		ONE E BROWARD BLVD SUITE 1500 FT LAUDERDALE FL 33301		DO NOT WRITE IN THIS <b>SP</b> ACE
ri chopenpac	C 1C 90001	FI ENODERORLE FE 33301		3. Date Incorporated or Qualified
				07/14/1997
2. Principal P	lace of Business	2a. Mailing Address	. 11 m	4. FEI Number Applied For
21 3400	5W 26# 16		GIM TBILK	
Suite Apt. #, etc 27 Suite Apt. #, etc 27			7	5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	NIA FL.	City & State	FC.	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 333	Country	Zip 3.3 . 0	Country	8. This corporation owes or has paid the current year Intangible
24 335.	1 25 USA		0 USA	Personal Property Tax due June 30. Yes No
	9. Name and Address of Cu	rrent Registered Agent	81 Name ;	10. Name and Address of New Registered Agent
MCPHARUN, WILLIAM J 81				ARASET CHRISTENSON
	E B <b>ro</b> ward Blvd		82 Street A	ddress (P.O. Box Number is Not Acceptable)
	E 1500		340	10 300 36714 TEXERMED 19-4
FTL	auderdale fl 33301		83	DANIA
			84 City	85 Zip Code
				7-741030 FL 33312
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 of board of directors. In eleby accept the appointment as registered.				
agent. I am familiar with, and accept the obligations of, section 607.0505 Florida Statutes				
SIGNATURE	<u> </u>	STENSON PROS	Registered Agent signature	Provided when reinstaling)  DATE
12.	Signature, typod or printed name of registerer OFFICERS	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PRUZ	DELETE	1.1 TITLE	Prof. T S Change Addition
NAME	ROBERT SITE	(STEWELT)	1.2 NAME	ROBURT CONCISTONSGIO
STREET ADDRESS	3400 SW 00	TER 14	1.3 STREET ADDRESS	3400 SW 267H TEXER A-4
CITY-ST-ZIP	DAZHTA FL	33312	1.4 CITY-ST-ZIP	DMUIA FL. 33312
TITLE	TRUS	DELETE	2.1 TITLE	Change Addition
NAME	POBURE CHR	LETCOSEN ,	2.2 NAME	
STREET ADDRESS	3400 SWD	et tere au	2.3 STREET ADDRESS	
CłTY-ST-ZIP	DANHA	733315	2.4 CITY-ST-ZiP	
TITLE	Seck	DELETE	3.1 TITLE	Change Addition
NAME	120BURET ST	FRISTURLENO ,	3.2 NAME	
STREET ADDRESS	3100 20 20	TERRICA -4	3.3 STREET ADDRESS	
CITY-ST-ZIP	DANJA M	, 393/2-	3.4 CITY-ST-ZIP	
TITLE		L] DELETE	4.1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		F1	4.4 CITY-ST-ZIP	
TITLE		L DELETE	51 TITLE	Change Addition
NAME OTREET ADDRESS			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		Porcere	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
NAME		L DELETE	6.2 NAME	Change Addition
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	i		6.4 CITY-ST-ZIP	
14 1 horoby or	ertify that the information supplied	with this filing does not qualify for the	everation stated in a	section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated of an officer of in Block 12	on this annual report or supplement or director of the corporation of the 2 or Block 12 if chapped by the ap	ntal dopual seport is true and accurate tricelyer or trustee empowered to estachment with an address.	e and that my signal execute this report as	ure shall have the same legal effect as if made under oath; that I am required by Chapter 607, Florida Statutes; and that my name appears