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

P97000071932 (2) DOCUMENT #

COAST TO COAST SPORTS, INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								
215 N. EOLA		P.O. BOX 1043	P.O. BOX 1043					
ORLANDO FL 32902		PALM CITY FL 34991			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified		
						08/19/1997		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied	For	
21		26				59346 37.79 Not App	licable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	h			5. Certificate of Status Desired S8.75 Additio		
22 City & Crate		27	···			Fee Required		
City & State	•	City & State	 			6. Election Campaign Financing \$5.00 May E		
Zip	Country			ď		Trust Fund Contribution		
24	25	29	30	,		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes	V/A)	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent	<u> </u>	
BIRD, WILLIAM R JR.				Na	ame			
215 N. EOLA DR.			82	C1	root Addre	ress (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32802			62	ال	HOUSE HOUSE	ess (r.O. Box Number is Not Acceptagle)	i	
			83					
	,		84	Ci	tu	85 Zip Code		
			"		· y	FL s z come		
office or re	gistered agent, or both, in the S	0502 and 607.1508, Florida Statut tate of Florida. Such change was : bligations of, Section 607.0505, Fl	authorized b	y the	med corpo corporation	poration submits this statement for the purpose of changing its registion's board of directors. I hereby accept the appointment as register	ered ered	
SIGNATURE		9						
	St onature , typed or punited harm of registere		f : flegistereo Ag	ent sig	nature require	red when reinstating) DATE		
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
TITLE	COLUCCI, THOMAS A JR.		11 TITLE			L! Change L.! A	Addition	
NAME	2327 SW DANFORTH CIR		1.2 NAME					
STREET ADDRESS	DALM CITY EL 34000		ľ	STREET ADDRESS				
CITY-ST-ZIP TITLE	D WINDER PARTIES OF ANY DESCRIPTION DELETE		1.4 CITY-ST-ZIP 2.1 TITLE			☐ Change ☐ A	Addition	
NAME	PETRUSKA, JONATHAN M	CHARLEDE	2.1 INCE			change,	NO CHILD	
STREET ADDRESS	OFFICE OFFICEWOOD LAND			STREET ADDRESS				
CITY-ST-ZiP	PALM BEACH GARDENS			IY-ST-7IP				
TITLE		DELETE	3.1 TITLE			Change A	Addition	
NAME			3.2 NAME			_		
STREET ADDRESS	ADORESS		3.3 STREET ADDRESS		RESS			
CITY-ST-ZIP	P		3.4. CITY - ST - ZIP		,			
TITLE	☐ DELETE		4.1 TITLE	4.1 TITLE		Change A	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDR	iess	·		
CATY-ST-ZIP			4.4 CITY - 5	4.4 CITY - ST - ZIP				
TITLE		☐ DELETE				☐ Change ☐ A	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	i addr	iess			
CITY-ST-ZIP		F1	5.4 CITY-	ST-ZIP				
TITLE	L] DEL		61 TITLE			L Change L A	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE		· ·			
CITY-\$T-ZIP	adify that the information experies	d with this films does not aunth to	6.4 CITY-1			Section 119.07(3)(i), Florida Statutes. I further certify that the inform	antion	
Indicated of officer or o	on this annual report or supplem director of the corporation or the	ental annual report is true and acc receiver or trustee empowered to	curate and th	at m	y signature	section 119.0(3)(), Florida Statutes. Hurtine certify that I me re shall have the same legal effect as if made under oath; that I am uired by Chapter 607, Florida Statutes; and that my name appears is	۱an I	
Block 12 c	or Block 13 if changed, or on an	attachment with an address.			•			