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 # P97000095885

COAST TO COAST INSTALLATIONS, INC.

Principal Place of Business Mailing Address							78118 IBIBI BIIBI IBII	DE ANDRE MAIN AMOR	
1220 17 STREET WEST 1220 17 STREET WEST 8RADENTON FL 34205 BRADENTON FL 34205						DO NOT WRITE IN	THIS SPACE		
						3. Date Incorporated or Qualifed			
						11/10/1997			
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	├├	pplied For	
21		26				65-0795891	 	lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	s Desired \$8.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year	ar Intangible	-	
24	25	29	30			Personal Property Tax.	Yes	No	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registe	red Agent		
	MEDOWO A			81 N	ame				
SUMMERALL, VERONICA 1220 17 STREET WEST				82 S	treet Addre	ess (P.O. Box Number is Not Acceptable)			
	DENTON FL 34205			83					
				84 C	ity		85 Zip	Code	
					•		FL T		
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obliq	e of Florida, Such change was a	authorized	l by the	med corpo corporation	oration submits this statement for the purposin's board of directors. I hereby accept the a	e of changing it ippointment as r	s registered egistered	
SIGNATURE			_						
	Signature, typed or printed name of registered ag	<u> </u>		Agent sign	ature required	(when reinstating) DAT		OPC IN 12	
12.	P OFFICERS A	ND DIRECTORS	13.	n r	—-г—	ADDITIONS/CHANGES TO OFFICER	Change		
TITLE	•		1,1 TT						
NAME	SUMMERALL, VERONICA L		1.2 N/						
STREET ADDRESS	1220 17 STREET WEST BRADENTON FL 34205			REET ADD	į.				
CITY-ST-ZIP				1.4 C/TY-ST-ZIP			Change	Addition	
TITLE		- OCCUPIE							
NAME !			2.2 N/		NOT CO				
STREET ADDRESS				2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP					
CITY-ST-ZIP		☐ DELETE	2. 4 C				Change	Addition	
TITLE			3.2 N/				,	_	
NAME OTDEET ADDOCSOS				REET ADD	DESC				
STREET ADDRESS			1	TY-ST-ZIF					
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TI				Change	Addition	
NAME		—	4.2N						
				REET ADD	DESS.				
STREET ADDRESS				TY-ST-ZIP					
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TΓ				☐ Change	Addition	
NAME			5.2 N/						
STREET ADDRESS				REET ADD	RESS				
CITY-ST-ZIP				TY-ST-ZIP					
TITLE	446	☐ DELETE	6.1 TI		\neg		Change	Addition	
NAME		_	6.2 N/	ME					
STREET ADDRESS	The Marie Control of the Control of		6.3 \$1	REET ADD	RESS				
CITY-ST-ZIP			6.4 CI	TY-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.

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90120 021 ***150.00