PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS Mar 05 1998 8:00am

FILED

DOCUMENT # P97000096313 (6) CORAL PLATE, INC.					Secretary of State		
						<u>וררנוול לאלים ווי הלווי בלווי בלווי</u>	
Principal Place of Business Mailing Address						a concrete On constan	
5117 CASTE	LLO DRIVE	5117 CASTELLO DRIVE					
SUITE 1 SUITE 1					DO NOT WRITE	INI THIS SPACE	
NAPLES FL 34103 NAPLES FL 34103				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
					11/12/1997		
2. Principal F	Place of Business	2a. Mailing Address	,,		4. FEI Number	A	pplied For
21 26				59-347-6738		ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1	Additional equired	
22 City & Sta	ta .	City & State			6 Clastics Computer Cinconing		
23		28			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country	·	8. This corporation owes or has paid		
24	26	29	30		Personal Property Tax due June 3		J No
	9. Name and Address of Current	Registered Agent		Alama	10. Name and Address of New Reg	istered Agent	
	ABURN, JAMES		81	Name			
5117 CASTELLO DRIVE			82	Street A	ddress (P.O. Box Number is Not Acceptable	e)	
1	ITE 1		83				
PL/A	VPLES FL 34103					(a-1 a-	
			84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the above	-named c	orporation submits this statement for the pu	a poso or or anging it	a registered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NC	TE: Registered Age		orporation submits this statement for the puration's board of directors. I hereby accept accept accept when reinstating) ADDITIONS/CHANGES TO DEFICE	DATE	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NC				DATE	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	f and title if applicable. (NC DIRECTORS	TE: Registered Ager		oquired when reinstating)	DATE ERS AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent	f and title if applicable. (NC DIRECTORS	13. 1.1 TITLE	ni signature re	oquired when reinstating)	DATE ERS AND DIRECTOR	RS IN 12
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indicated on this annual report of supplied with this nimit does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. Turner certify that the information indicated on this annual report of 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 trystee 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.