08041999-90001-049-$550.00-$550.00

1999.

AMOUNT DUE ON OR BEFORE 05/1/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Aug 04, 1999 8:00 am
Secretary of State

08-04-1999 90001 049 ***550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000000185

1. Corporation Name

EAST COAST LITE MAINTENANCE, INC.

Principal Place of Business	Mailing Address
4165 N. DIXIE HIGHWAY POMPANO BEACH FL 33064	4165 N. DIXIE HIGHWAY POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/02/1998

2. Principal Place of Business
21 2200 Appaloosa Trail
22 Suite, Apt. #, etc.
23 City & State: Wellington, FL
24 Zip: 33414 25 Country: USA

2a. Mailing Address
26 2200 Appaloosa Trail
27 Suite, Apt. #, etc.
28 City & State: Wellington, FL
29 Zip: 33414 30 Country: USA

4. FEI Number: 65-0803174 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SUGGS, JOHN P
4165 N. DIXIE HIGHWAY
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name: Salvatore Calebrese
82 Street Address (P.O. Box Number is Not Acceptable): 2200 Appaloosa Trail
83
84 City: Wellington FL 85 Zip Code: 33414

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's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____ 7/28/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	President, Director	☐ Change ☒ Addition
NAME	SUGGS, JOHN P		1.2 NAME	Salvatore Calebrese	
STREET ADDRESS	4165 N. DIXIE HIGHWAY		1.3 STREET ADDRESS	2200 Appaloosa Trail	
CITY-ST-ZIP	POMPANO BEACH FL 33064		1.4 CITY-ST-ZIP	Wellington, FL 33414	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (5/99)

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.

SIGNATURE: SIGNATURE REQUIRED 7/28/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #