PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000003673

1. Corporation ATLANTIC	name C COAST FLEET SERVICE									
Principal Place	of Business	Mz	alling Address							
10052 NW 897H			52 NW 89TH AVE.)				
MEDLEY FL 331	78	ME	DLEY FL 33178			DO NOT WRITE	IN THIS S	PACE		
			•			3. Date Incorporated or Qualified				
						01/12/1998			į	
001-1-010	and of Burlings	7 2a.	Mailing Address			4 FEI Number		App	lied For	
_	ace of Business	26	4720 NW 15t	h Avenue		65-0807620		Not	Applicable	
Suite, Apt.	# etc	20	Suite, Apt. #, etc.	II AVCINCE				\$8.75 A		
$\overline{}$	w, 010.	27				5. Certificate of Status Desired		Fee Rec	uired	_
City & State	Β		City & State			6. Election Campaign Financing		\$5.00	May Be	
23	•	28	Fott Lauder	dale, FL		Trust Fund Contribution		Added to	Fees	
Zíp	Country	1,	Zip	Country		a. This corporation owes the curren	t yeer Intai	ngible		
24	25	29	33309	30 USA	<u></u>	Personal Property Tax.			□No	-
	9. Name and Address of Currer	nt Regis				10. Name and Address of New Re-	gistered A	gent	{	
				81 Na	me					
	MOND, FRANK L			82 Stn	eet Addre	ss (P.O. Box Number is Not Acceptable	e)			
	2 NW 89TH AVE.									
) MED	LEY FL 33178			B3					ļ	
! •				B4 Cit				85 Zip C	ode	ı
} .					•		FL	ل_ا		
	to the provisions of Sections 607 050 egistered agent, or both, in the State im familiar with, and accept the obligations of the control of t	02 and 6 of Floric ations of,	07.1508, Florida Statuti la. Such change was a , Section 607.0505, Flor W MO U	riesia	1847	ration submits this statement for the polys board of directors, I hereby accept a	17/9	ment as reg	istered	=
SIGNATURE	Skrykyk, typed of printed name of registered age	H ()	<u> ИИОИВ</u>	Flagssared Agent signs	1847	when reinstating)	DATE			(86)
SIGNATURE	Skyryfyk, typed of partied name of registered age OFFICERS AF	H ()	<u> ИИОИВ</u>	riesia	1847	when reinstaling) ADDITIONS/CHANGES TO OFFI	DATE			(11/98)
SIGNATURE 12. TITLE	Stry Age. typed of parked name of registered age OFFICERS AI	H ()	W W O U & Fapplicable. (NOTE CTORS □ OELETE	Flegstared Agent signs 13.	d € 4 7 sture required V	when reinstaling) ADDITIONS/CHANGES TO OFFI	DATE	DIRECTOR	RS JN 12	34 (11/98)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Styppy. typed of printed name of regularied age OFFICERS AI President Frank C. Mamma 10051 New 991	HO DIRE	W W O U & Fapplicable. (NOTE CTORS □ OELETE	13. 1.1 TITLE 12 NAME	d € 4 7 sture required V J RESS 1	ADDITIONS/CHANGES TO OFFI esse Suliveres Sr. C052 NW 89th Avenue	DATE	DIRECTOR	RS JN 12	CR2E034 (11/98)
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14. I hereby certify that the information supplied with this filling 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 changer, or on an attachment with an address, with all other like empowered.

6.1 STREET ADDRESS

SIGNATURE

STREET ADDRESS

Fout L. Hammoud WREPresident

01/08/99 954-772-0008

Detr

Daytime Phone:

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90075 022 ***150.00