FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000027612

COAST HOLDINGS, INC.

Mailing Address Principal Place of Business 1268 N. HARBOR CITY BLVD. 1268 N. HARBOR CITY BLVD. MELBOURNE FL 32935 MELBOURNE FL 32935 3. Date Incorporated or Qualifed 03/23/1998 2a. Mailing Address 2. Principal Place of Business 59-3504115 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible Personal Property Tax. 24 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 EDDINS, DAVID A

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

03-04-1999 90138 004 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable

1540 S. BANANA RIVER DR.		82	Street Address (P.O. Box Number is Not Acceptable)					
MERRITT ISLAND FL 32952								
		84	City			·L	Zip Code	
egistered agent, or both, in the State of Florida, S	uch change was auth	orized by	the corporation's t	on submits this statem board of directors. I he	ent for the purpose ereby accept the ap	of changin pointment a	g its registered is registered	
Standard Novel or protect name of registered agent and title if annil	cable (NOTE: Rer	nistered Agen	t signature required when	reinstating)	DATE			
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,	·	1.3 STREET	ADDRESS					
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MASONE, ANTHONY		2.2 NAME						
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		63 STREET	ADDRESS					
ertify that the information supplied with this filing								
	RITT ISLAND FL 32952 to the provisions of Sections 607.0502 and 607.15 egistered agent, or both, in the State of Florida. Some familiar with, and accept the obligations of, Section of Stignature, typed or printed name of registered agent and title if applications of the Stignature, typed or printed name of registered agent and title if applications of the Stignature, typed or printed name of registered agent and title if applications of the Stignature, typed or printed name of registered agent and title if applications of the Stignature, typed or printed name of registered agent and title if applications of the Stignature, typed or printed name of registered agent and title if applications of the Stignature, typed or printed name of registered agent and title if applications of the Stignature, typed or printed name of registered agent and title if applications of the Stignature, typed or printed name of registered agent and title if applications of the Stignature, typed or printed name of registered agent and title if applications of the Stignature, typed or printed name of registered agent and title if applications of the Stignature, typed or printed name of registered agent and title if applications of the Stignature, typed or printed name of registered agent and title if applications of the Stignature, typed or printed name of registered agent and title if applications of the Stignature, typed or printed name of registered agent and title if applications of the Stignature, typed or printed name of registered agent and title if applications of the Stignature, typed or printed name of registered agent and title if applications of the Stignature, typed or printed name of registered agent and title if applications of the Stignature, typed or printed name of registered agent and title if applications of the Stignature is a stignature of the Stignature is a stignature in the Stig	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, egistered agent, or both, in the State of Florida. Such change was auth farmiliar with, and accept the obligations of, Section 607.0505, Florida Stgnature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS	RITT ISLAND FL 32952 83 84 84 85 86 86 86 86 86 86 86 86 86	RITT ISLAND FL 32952 Reference agent, or both, in the State of Florida, Such change was authorized by the corporation's importance of printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS Delete Cofficers AND DIRECTORS Delete 11 TITLE 12 NAME 13 STREET ADDRESS MERRITT ISLAND FL 32952 Delete Delete 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP DELETE 11 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP DELETE DELETE DELETE 15 TITLE 4 2 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP DELETE DELETE 51 TITLE 52 NAME 53 STREET ADDRESS 44 CITY-ST-ZIP DELETE DELETE 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP DELETE DELETE 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP DELETE DELETE 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP DELETE 51 TITLE 53 STREET ADDRESS 54 CITY-ST-ZIP DELETE 51 TITLE	ABANANA HIVEH DH. RITT ISLAND FL 32952 B3 B4 City to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this stater gistered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I he familiar with, and accept the obligations of, Section 607.0505, Florida Statutes Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS D DELETE 1.1 TITLE EDDINS, DAVID A 1540 S. BANANA RIVER DR. MERRITT ISLAND FL 32952 D DELETE 1.3 ADDITIONS/CHANG 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP MASONE, ANTHONY 1268 N. HARBOR CITY BLVD. MELBOURNE FL 32935 DELETE D DELETE 1.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP DELETE 1.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 1.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 1.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 1.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	S. BANANA HIVEN DR. RITT ISLAND FL 32952 10 the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the average of corporation submits this statement for the purpose egistered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the apm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable.	S. BANANA HIVEH DR. RITT ISLAND FL 32952 83 64 City FL 85 65 City FL 85 66 City FL 85 67 City FL 85 68 City FL 85 69 City FL 85 60 City FL 85	

indicated on this annual report or supplied with this liming does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes, I jurner 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 or an attachment with an officers, with all other like empowered.

SIGNATURE: