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

May 05, 1999 8:00 am Secretary of State

05-05-1999 90221 029 ***150.00

DOCUMENT # P98000071176

1. Corporation Name

INTERNATIONAL CORAL COMPANY

Principal Place	or Dusiness	Mailing Address				
12154-NW 15TH	i co urt	12154 NW-15TH COURT				
CORAL SPRING	S FL 33071	CORAL SPRINGS FL 33071		DO NOT INCITE IN T	110 OD 4 OF	
12.447	NWIDET	12447 NW.	100	DO NOT WRITE IN TH	11S SPACE	
101.7	•	•		3. Date incorporated or Qualifed]
				08/14/1998		C. 4 5
2. Principal Pl	ace of Business	2a. Mailing Address	WIO CT	4. FEI Number 6.5206	<u> </u>	lied For
21		20 0-11	7001	63-0803700		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	
22	·	27				`
City & State	9	City & State	\mathcal{A}	6. Election Campaign Financing	\$5.00	, ,
23		28 (Mal SPRIN		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip 32 3-1 r-	Country	8. This corporation owes the current year	-	l
24	25	29 7 0 / / 30	1 0318	Personal Property Tax.		□No
	9. Name and Address of Cur	rrent Registered Agent		10. Name and Address of New Register	ed Agent	
1440	OUESE ISSERIE		81 Name			
MARCHESE, JOSEPH			82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
	4 NW 15TH COURT					
COR	AL SPRINGS FL 33071		83			
			84 City		85 Zip C	ode
	_		G-J City	F	FL "	
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statutes,	the above-named co	orporation submits this statement for the purpose	of changing its	egistered
office or n	egistered agent, or/both, in the St m familiar with, and accept the ob	ate of Florida. Such change was auth digations of, Section 607.0505, Florid	iorized by the corpora a Statutes.	ation's board of directors. I hereby accept the ap	onninent as reg	istered
-		angulario al, Cadiari, activation		×4118/9	19]
SIGNATURE	Signature, typed of printed hame of registered	agent and title if applicable. (NOTE: Re	gistered Agent signature req	uired when reinstating) DATE	/	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLÉ	D	☐ DELETE	1.1 TITLE	D mouse mount	Change	☐ Addition
NAME	MARCHESE, JOSEPH	12447 NW10-CT	1.2 NAME	MANCHESE, JOSEPH 12447 NW1005		
STREET ADDRESS	•	12447 001051	1.3 STREET ADDRESS	12 447 800 10 61		}
	-12154 NW 15TH COURT	•		1 4 1 1 1		
	-12154 NW 15TH COUR T CORAL SPRINGS FL 33071		1.4 CITY+ST-ZIP	CS FL 33071		
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CITY-ST-ZIP TITLE NAME	· -		2.1 TITLE 2.2 NAME	CS FC 33071	Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	· -		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	CS FC 33071	Change	Addition
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14. I hereby certify that the information supplied with the 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 of 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.

6.4 CITY-ST-ZIP

SIGNATURE: 🔀

CITY-ST-ZIP

Daytime Phone #

CR2E034 (11/98)