

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P98000086563**

1. Corporation Name
WEST COAST COMMUNICATIONS, INC.

Principal Place of Business
**FLIGHTSHOP BLDG.
ST. PETE/CLWR. AIRPORT
CLEARWATER FL 33762**

Mailing Address
**FLIGHTSHOP BLDG.
ST. PETE/CLWR. AIRPORT
CLEARWATER FL 33762**

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

99 SEP 27 PM 1:05



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/07/1998

4. FEI Number **59-3531724** 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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

**GAGLIANO, PAUL
12155 6TH ST. EAST
TREASURE ISLAND FL 33706**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

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	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAGLIANO, PAUL	1.2 NAME	900003006299-7
STREET ADDRESS	12155 6TH ST. EAST	1.3 STREET ADDRESS	-10/05/99-01100-006
CITY-STATE-ZIP	TREASURE ISLAND FL 33706	1.4 CITY-STATE-ZIP	*****550.00 *****550.00
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWELL, BRENDA LEE	2.2 NAME	
STREET ADDRESS	2810 COUNTRYSIDE BLVD., #1	2.3 STREET ADDRESS	
CITY-STATE-ZIP	CLEARWATER FL 33761	2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/14/99 727-530-1415

0126154

CR2E034 (5/99)