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

PROFIT CORPORATION

ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23 1998 8:00am Secretary of State

1	ON NAME # SOOO9 COAST COMMERCIAL REA	V • /				11 1 4 18 1 18 18 18 18 18 18 18 18 18 18 18 1	
Principal Place of Business		Mailing Address				HE BEDIT DIRTH DIRTH DIDTH IDAY	
2111 SAWGRASS VILLAGE DRIVE PONTE VEDRA BEACH FL 32082 US		5128 OTTER CREEK DR PONTE VEDRA BEACH FL 32082		DO NOT WRITE IN THIS	S SPACE		
					3. Date Incorporated or Qualified		
2. Principal Place of Business 2a. Malling Address					09/11/1990 4. FEI Number		
26				59-3033778	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22		27			o, Cermicate of Status Desired	Fee Required	
City & Stat 23	18	City & State		6. Election Campaign Financing	\$5.00 May Be		
Zip	Zip Country		Zip Country		Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible		
24	25	29	30	-	Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered		
	enner, timothy J.		81	Name			
	28 OTTER CRK. DRIVE		82	Street Address (P.O. Box Number is Not Acceptable)			
PC	ONTE VEDRA BEACH FL 32082		В				
			84	City	FI	85 Zip Code	
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	92 and 607,1508, Florida St → of Horida. Such change waterions of, Section 607,0505	atutes, the aboves authorized by Florida Statute	e-named co y the corpo s.	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	of changing its registered pointment as registered	
	Signature, typed or printed name of registered agr		(NOT) Registered Ag	ont signature re	quired when reinstating) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	DPT DELETE BENNER, TIMOTHY J.		1.1 TOLE		Kirschman, AR	Change Addition	
NAME STREET ADDRESS	STREET ADDRESS \$128 OTTER CREEK DR		1.2 NAME	I ADDRESS	19 SAILEISH DRIV	e	
CITY-ST-ZIP	PONTE VEDRA BCH FL		1.4 CiTY-:	1	Ritariados Ral G		
TITLE	VS			21-511	BINE VEDRA BUR I	Change Addition	
NAME	KIRSCHMAN, ART		2.2 NAME				
STREET ADDRESS	STREET ADDRESS 19 SAILFISH DRIVE		2.3 STREE	ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BCH FL		2. 4 CITY - ST - ZIP		<u> </u>		
TITLE	DELETE		3.1 TITLE			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP TITLE	ZIP DILETE		3.4 CITY-	SI-ZIP		00	
NAME			4.1 TITLE			Change Addition	
STREET ADDRESS			4. 2 NAME	ADDRESS			
CITY-ST-ZIP	_		4.3 STREE 4.4 CITY-5	l l			
TITLE	-	DELETE	5.1 TITLE	/1 4.0		Change Addition	
NAME			5.2 NAME				
STREET ADDRESS	T ADDRESS		5.3 STREET	ADDRESS			
CITY-ST-ZIP	-ZIP		5.4 CITY - S				
TITLE	☐ DELETE		6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - S	a aug			

Indicated on this annual report of 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 60°, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.