## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPÖRT Secretary of State 1996 DIVISION OF CORPORATIONS (2)**DOCUMENT #** COAST-TO-COAST WHOLESALE SALES & LEASING, INC. Principal Place of Business Mailing Address 4448 SEAGRAPE DRIVE P.O. BOX 24322 LAUDERDLE BY THE SEA FL 33308 FT. LAUDERDALE FL 33307 e of Last Report **09/11/1995** Incorporated c 12/27/1990 4. FEI Numbe 2. Principal Place of Business 2a. Mailing Address Applied For 65-0237120 301 CITEUS AVE 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be LAKE P 23 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, HIGHLANDS Yes No 30 Florida Statutes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SINGER, HARRIS D. Street Address (P.O. Box Number is Not Acceptable) 4448 SEAGRAPE DRIVE LAUDERDLE BY THE SEA FL 33308 83 84 City Zip Code 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Hug Stered Agost signature requ Signature, typed or printed name of registered agent as ditrivial applicania OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE TITLE 1 TITLE ☐ Change Addition SINGER, HARRIS D. (SHANNON) CR2E034 NAME 1.2 NAME 4448 SEAGRAPE DRIVE STREET ADDRESS 1.3 STREET ADDRESS LAUDERDLE BY THE SEA FL 33308 CITY-ST-ZIP 1 4 CITY - S1 - ZIP DELETE 2 1 TITLE ☐ Change ☐ Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CHTY - ST - ZIP □ DELETE Change | TITLE 3 1 THILE ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY - ST - 7-P DELETE Change TITLE 4 1 TITLE ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY - ST - ZiP DELETE TITLE 5 1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS City-St-7iP 5 4 CITY - ST - 7IP DELETE 6 1 TITLE Change ■ Addition TITLE NAME 6.2 NAME STREET ADDRESS. 6.3 STREET ADDRESS 6.4 CITY - \$1 - ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental armual report is true and accurate and that my signature shall have the same legal offect 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 an address.

NAME OF SIGNING OFFICER OR

ECTOR

SIGNATURE:

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