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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S25526

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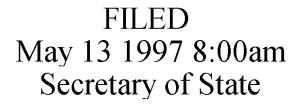
COAST TO COAST SERVICE CONTRACT COMPANY, INC.

Principal Place of Busine	SS
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Mailing Address

POST OFFICE BOX 450246

POST OFFICE BOX 450246





GUNRISE FL 33345						SUNRISE FL 33345-0246																	
											-	3. Date Incorporated or Qualified						of Last Report					
—	Principal P	lace of Busi	ness			2a. Mailing Address						4. FEI Number					L	Ар	plied For				
21	Culto Ant	# -4-			2	26						65-0237843						+_	t Applicable				
22	Suite, Apt.	ot. #, etc.					Suite, Apt. #, etc.						5. Certifica	ate of Sta	us Desir	ed		\$8.75 Additional Fee Required					
23	City & Stat	ate					City & State					6. Election Campaign Financing Trust Fund Contribution						\$5.00 May Be Added to Fees					
	Zip	Country								untry			8. This cor			ity for i	ntangibl				1		
24			25	26 30 Florida Statutes Yes No										_									
Name and Address of Current Registered Agent GERSON, PHILIP M.									81	Name		10. Name a	ind Addr	ess of N	ew Reg	lstered	Agent			-{			
	100	CHOPIN F	UP M A a a a	•																	_		
		TE 1310				8				82	Street	Address	(P.O. Box	Number i	s Not Ac	ceptab	le)						
		MI FL 3313	31							83							·				-		
										84	City		• • • • • • • • • • • • • • • • • • • •										
										1							FL		Zip C				
11	Office or r	registered ag	gent, o	f Sections 607 r both, in the S d accept the of	tate of FI	orida	ia. Such ch	ange was	authorize	d by	the corp	l corpora poration	ition submit 's board of	s this stat directors.	ement fo I hereby	r the p	urpose of t the ap	of chang pointmo	ging its ent as	registered registered			
SI	SNATURE										17-1176												
12		Signature, typoc	or print	od name of registere OFFICERS				(NO	TE: Rogistere	d Age	nt signature	e required v	when reinstating) ADDITIO		GES TO	VEEIU	DATE EDC AN	D DIDE	CTOD	2 (8) 4.2	10		
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I do hereby certify that the information supplied with this filling 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 religious 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 directly of the dolph. I for or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or flock 13 if chapter 607, or an attachment with an address.