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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$55335

(1)

COASTAL PRESSURE SERVICES, INC.

FILED	
Feb 24 1997 8:00an	1
Secretary of State	

A TERREPORT OF A CONTRACT CONT

Principal Place of Business Mailing Address Acception 19 Company Comp				<u> </u>			
2556 DUDLEY DRIVE EAST SUITE F WEST PALM BEACH FL 33415		SUITE F			;		
WEST PALM B	EACH FL 33415	WEST PALM BEACH FL 33415-8077			3. Date Incorporated or Qualified 05/28/1991	3a. Date of Last f	Report
2. Principal P	lace of Business	2a, Mailing Address	2a, Mailing Address				pplied For
21		26			65-0263384 Not Applicab		
Suite, Apt.	#, etc	Suite, Apt. #, etc.		· ,	5. Certificate of Status Desired	T T T T T T T	Additional lequired
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution) May Be to Fees
Zip	Country 25	Zip	Coun	try	8. This corporation has liability for		
24	g. Name and Address of Curi		30		10. Name and Address of New Re		
MAF	RTIN, ALBERT			Name			
	B DUDLEY DRIVE EAST			Street A	ddress (P.O. Box Number is Not Accepta	bla	
SUIT				32 SIFEEL P	tooress (F.O. Box laumber is hot Acceptal	DIE)	
WES	ST PALM BEACH FL 33415	•	1	3			
			<u>. ا</u>	34 City		85 Zip	Code
						FL	
11. Pursuant office or ragent. La	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	502 and 607.1508, Florida Statuté ate of Florida. Such change was a ligations of, Section 607.0505, Flo	es, the about authorized orida Statu	ove-named oby the corp tes.	corporation submits this statement for the oration's board of directors. I hereby acce	purpose of changing pt the appointment as	its registered s registered
SIGNATURE	· · · · · · · · · · · · · · · · · · ·					2-17-9°	7
	Signature *ypod or printed name of registered	agent and title if applicable. (NOTE NDD DIRECTORS		Agent signature i			
12.	PST	DELETE	13.	F	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR	
NAME	MARTIN, ALBERT		1.2 NAM			0	
STREET ADDRESS	2556 DUDLEY DR EAST #F			EET ADDRESS			
CITY - S1 - ZIP	WEST PALM BCH FL			- \$1 - 21P			
TITLE	D	☐ DELETE	2.1 TITL			☐ Change	Addition
NAME	Martin, Albert		2.2 NAN	tE			
STREET ADDRESS	2556 DUDLEY DR EAST #F		2.3 STR	EET ADDRESS			
CITY - \$1 - ZIP	WEST PALM BCH FL		2. 4 CIT	Y-ST-ZIP			
TitlE		☐ DELETE	3.1 TITL	E		☐ Change	Addition
NAME			3.2 NAN	l E			
STREET ADDRESS			3.3 STR	EET ADDRESS			
CITY - ST - ZIP	NAME OF THE PROPERTY OF THE PR			Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TiTL	-		LJ Change	Addition
NAME			4. 2 NAI				
STREET ADDRESS			4.3 STR	EET ADDRESS			

14. I do 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 hanged, or on an attachment with an address

6.4 CITY-ST-ZIP

4.4 CITY-ST-2IP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY - \$1 - 2(P

CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

THEE

NAME STREET ADDRESS

TITLE

NAME

Albert Martin 2-17-97
Date Date

DELETE

DELETE

561-439.3253

___ Addition

Addition

Change