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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V17069

(8)

COASTAL DIVERSITIES, INC.

Principa ^r Place of Business		Mailing Address	Mailing Address		i tënii notane esest janti matin Atita in	ti Elikii didii alikii eliki	BIBIN BEBIN SBAN
1323 S E 17TH ST		1323 SE 17 STREET					
STE - 696 FT LAUDERDAL	E El 22216	SUITE 696 FT LAUDERDALE FL 33	2318-1707				
US US	LE PL 33316	US US	310-1707		3. Date Incorporated or Qualified	3a. Date of La	et Report
					02/27/1992	04/12/199	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	L_	Applied For
21		26			65-0314615		Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 7 7 7 7	75 Additional
22		27					e Required
City & State	3	City & State			6. Election Campaign Financing		.00 May Be
23	T. Count	28	Country		Trust Fund Contribution		ded to Fees
Zip	Country	Zip	⊢ — '	y	This corporation has liability for Florida Statutes	r intangible tax und ☐ Yes ☐ No	ier s. 199.032,
24	25 25 Name and Address of Currer	29 29 Anent	30		10. Name and Address of New R		
DIC		n negistered Agent	81	Name	is, italio and radioss of flori	ogistorea regarit	
	, DAVID A.			, Id., II.			
1323 S E 17TH STREET STE - 696			82	Street Add	ddress (P.O. Box Number is Not Acceptable)		
FT LAUDERDALE FL 33316			В3		**************************************		
			64	City		85	Zip Code
				<u> </u>		-	
11. Pursuant I	to the provisions of Sections 607.050	12 and 607.1508. Florida Sta Lof Florida, Such change wi	atutes, the abov	e-named co	rporation submits this statement for the ation's board of directors. I hereby acco	purpose of changi	ng its registered
agent. La	m familiar with, and accept the oblig	ations of, Section 607 0505,	Florida Statute	S.	and 10 200, 2 01 01 01 01 01 01 1 1 1 1 1 1 1 1 1 1	эрг гло арролите.	. do rogiotora
SIGNATURE							
	Signar ire: typera or post- financi of registered ago			ent signature req	uired when reinstaling)	DATE	
12.		D DIRECTORS DELETE	13.	·····	ADDITIONS/CHANGES TO OFFI	Chai	
TITLE	D [_] DELETE		1.1 TITLE			L Char	nge LJ Addition
NAME	1323 SE 17TH STREET #696		1,2 NAME				
STREET ADDRESS	FT LAUDERDALE FL			T ADDRESS			
CiTY-S*-ZiP	D LAUDENDALE FL	DELETE	1.4 CITY-	ST-ZIP		Cha	nge Addition
TITLE	•		2.1 TITLE			L. J Gildi	ilde 🗀 voquion
NAME	RIEL, WENDY V		2.2 NAME				
STREET ADDRESS	1323 SE 17TH STREET #696			T ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL	DELETE	2 4 CITY-	ST-ZIP		[] 06-	nge Addition
111(+		רין טנונונ	3.1 TITLE			[] Cha	inde TT Working
NAME			3.2 NAME				
STREET ADDRESS				TADDRESS			
C(TY - STZIP		DELETE	3.4. CITY -	ST-ZIP			nae Addition
THE		m neter	4.1 TITLE	. 1		L Cha	nge Li Adomon
NAME			4. 2 NAME	i			
STREET ADDRESS				T ADDRESS			
C(TY-ST-7)P		DELETE	4.4 CITY -	SI-ZIP		Cha	nge 🔲 Addition
1ITLE			5.1 TITLE	ŀ		ii Ulia	nge L_1 Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CHTY- S1 - 74P		☐ DELETE	5 4 CHY-	ST-ZIP		☐ Cha	inge Addition
THILE			61 TITLE			L., Cria	ngo LI Mudilion
NAME			6 2 NAME	1 ADDDCCC			
1 CIDELL VIUDICE :	1		■ £ 2 CTDCC	LADROCCC			

64 CITY - ST- ZIP

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 inclicated 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, droin an attachment with appears.