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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1996

V21971

(9)

COASTAL ENTERPRISES OF VERO, INC.									
Principal Place of Business Mailing Address						1 1801 0 1100 1100 1100 1000 1000 1000			III OHOII OIOII (BAI
885 10TH AVE SW VERO BEACH FL 32962 US		885 10TH AVE SW VERO BEACH FL 32962 US					·····		
00		00				3. Date Incorporated or Qualified 03/16/1992	3a. Date	of Last Re)8/10/1 9	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number			Applied For	
21		26			65-0329791	Not Applicable			
Suite, Apt. #	, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional			
22		27			5. Certificate of Status Desired	L	Fee f	Required	
City & State		City & State			6. Election Campaign Financing			May Be	
23						Trust Fund Contribution			d to Fees
Zip	Country	Zip	Count	itry		8. This corporation has liability for in Florida Statutes	tangible ta No	k under s	199.032,
24	25 9. Name and Address of Currer	29 Agent	30]			10. Name and Address of New Re		Spent	
	8. Hallie and Rudless of Currer	it riogistered Agent	8	31	Name			-5	
MOUNDAY TOURS MODERNI ID									
	3H, JOHN JOSEPH, JR. TH STREET		82			dress (P.O. Box Number is Not Acceptable)			
SUITE			6	33					
	BEACH FL 32960							12-1-5	
VERO DEMORI PL 32900			1	34	City		FL	85 Zip	p Code
or registere familiar with SIGNATURE	id agent, or both, in the State of Flori n, and accept the obligations of, Sect Signature, byted or printed name of registered agen	da, Such change was authori lion 607,0505, Florida Statute	zed by the co s.	orpo	eration's b	poration submits this statement for the purp oard of directors. I hereby accept the appo- part when renstang:	intment as	registered	agent. I am
12.	OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTO	DRS IN 12
TITLE	D	OELFTE	1 1 TITLE] Change	☐ Addition
NAME	CRAWFORD, JEFFREY		1.2 NAN	1.2 NAME					
STREET ADDRESS	1220 13TH AVE., SW			1.3 STREET ADDRESS					1
CITY-ST-ZIP	VERO BEACH FL		1.4 CIT	*****	- 21P	A STATE OF THE STA			
TITLE	D	DELETE	2.11(1				L	Change	Addition
NAME	GIBSON, QUENTIN M.			2.2 NAME					
STREET ADDRESS	7903 LAKELAND BLVD.			2.3 STREET A					
CITY-ST-ZIP	FT. PIERCE FL	□ DELETE		2 4 CITY-S1			<u>_</u>	Change	Addition
TITLE			3 1 111	3 1 TITLE		Tian Gibson E.	L	_1 change	ACCITION
NAME (3 2 NAF	32 NAME		Joyce Gibson E. 1903 LAKELAND B FORT PIERIE, FL B4	IVD		ļ
STREET ADDRESS			33 511	24 CITY D		FART DIEVIE IN RIL	$a \leq 1$		
CITY-ST-ZIP TITLE	- · · ,	[7] DELETE		4. 1 THILE		The Trace, 41 ag	<i>1-2</i> ·	Change	Addition
NAME			4.2 NA		ļ		•		
STREET ADORESS					ADDRESS				
CITY-ST-ZIP									
TITLE		DELETE	4.4 CHY-S 5.1 TIFLE		1-2"			Change	Addition
NAME		-	5.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.4 CIT						
TITLE		DELETE		6. 1 TITLE				Change	Addition
NAME			6.2 NA	ME					
STREET ADDRESS			i i		ADDRESS				

14. I do hereby certify that the information supplied with this filling 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 is changed, or or an attackerent with an address.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)