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 # V28767

(4)

COASTAL CREATIONS, INC.

FILED
Apr 29 1997 8:00am
Secretary of State



Principal Place of Business Mailing Address									
2215 W. CERVI PENSACOLA F	ANTES	Mailing Address 1032 S. WESTLAND APPLETON WI 54914	DRIVE) 1996, dillege (1996) isres 19946 Shen 1997 Siffe Sigh Gibh Gast Arfall ann 1991				
US	L 32307	REFLETON HI 34514			3. Date Incorporated or Qualified 04/10/1992	3a. Date of 12/03/1		port	
2. Principal I	Place of Business	2a. Mailing Address	3		4. FEI Number	1		plied For	
21		26						t Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		6. Certificate of Status Desired	1 1	8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Ζιρ	Country	Zip	-	intry	8. This corporation has liability fo			19 9.032,	
24	25	29	30			Yes K No			
	g. Name and Address of Curre	ent Registered Agent	·····	041	10. Name and Address of New F	legistered Agen	<u>it</u>		
	ssell, russell a			81 Name					
	7400 STILLER LAKE RD			82 Street Ad	dress (P.O. Box Number is Not Accept	able)			
PENSACOLA FL 32505				83					
				03					
				84 City		FL 85	1		
office or agent. I SIGNATURE					orporation submits this statement for the ration's board of directors. I hereby acc		nent as	registered	
46	Signature, typed or printed name of registored a	ND DIRECTORS		d Agent signature re	quired when reinstating)	DATE	ECTOD	C IN 10	
12. TITLE	PTS	DELET DELET	13. TE 1.1 Ye	TIF	ADDITIONS/CHANGES TO OFF		Change	Addition	
NAME	HASSELL, RUSSELL		1.2 N	1		_			
STREET ADDRESS	AAAA IIMINDAAAAD BB			TREET ADDRESS					
CITY-S*-ZIP	NEENAH WI 54956		•	ITY-ST-ZIP					
TITLE		☐ DELET					Change	Addition	
NAME:			2.2 N	AME					
STREET ADORESS	5		2.3\$	TREET ADDRESS					
CHTY+ST+ZIF			2.40	CITY-ST-ZIP					
nith		☐ DELEI	TE 3.1 TI	TLE			Change	☐ Addition	
NAME			32 N	AME					
STREET ACORESS	5		3.3 S	TREET ADDRESS					
CHY-ST ZIP				CITY-ST-ZIP					
THEF		☐ DELET	TE 4.1 T	ITLE		<u> </u>	Change	Addition	
NAMÉ			4.21	1					
STREET ADDRESS	5			TREET ADDRESS					
City - S* - ZiP		[] print		ITY-ST-ZIP		······	Change	Addition	
HELF		L] DÉLET	1	1		٠) '	onange	Addition	
NAME DEVICE ADDRESS			5.2 N						
STREET ADDRESS	·			TREET ADDRESS					
CITY - S1 - ZIP		☐ DELE		ITY-ST-2IP			Change	Addition	
TITLE						لببيا	or strike.	- Auditivit	
NAME STATE LADOOUSE			6.2 N						
STREET ADDRESS	·		1	TREET ADDRESS					
CITY ST-ZIF		lied with this files does not		ITY-ST-ZIP	ted in Continue \$10.07/2/3. Florida Ptot.		516 . AL 24		

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 13 if chapter 607 on an attachment with an address.

SIGNATURE: