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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Jan 22 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V44497

(8)

COA ENTERPRISES, INC.

Principal Piace of Business Mailing Address			- Indiana di Aliana	{
711 TURNBULL AVE ALTAMONTE SPRINGS FL 32701 US		711 TURNBULL AVE ALTAMONTE SPRINGS FL 32701-6420 US		
				3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
21		26		<b>59-3076139</b> Not Applicable
Suite, Apt. #	#. etc.	Suite, Apt. #, etc.	,	5. Certificate of Status Desired \$8.75 Additional
City & State		City & State	,	Fee Required
23	'	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zφ	Country	Zφ	Country	8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30	Florida Statutes Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent
CAP	ehart, charles R JR		81 Name	
233 FLAME AVE			82 Street Add	dress (P.O. Box Number is Not Acceptable)
ПАМ	TLAND FL 32751		83	
			[55]	
			B4 City	FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.050	2 and 607 1508, Florida Statut	es, the above-named cor	poration submits this statement for the purpose of changing its registered
agent I ar	m familiar with, and accept the obliga	witins of, Section 697.0505, FI	orida Statutes.	ation's board of directors. I hereby accept the appointment as registered
SIGNATURE .	Chal.	revisión	('harks k	(apphast, 5r. 1/13/97
12.	Stgriet ze i type di 5- printed name of registerie i age OFFICERS AND		E: Rag stered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	11700E 7	Change Labaition
NAME	CAPEHART, CHARLES R JR		1.2 NAME	lger, Jennifer E. oo maitland Avenue # 212
STREET ADDRESS	233 FLAME AVE		1.3 STREET ADDRESS	00 maitland Avenue # 212
City-St-ZiP	MAITLAND FL		14 CITY-ST-ZIP	Hamonie Springs, FL.
TITLE	V	DELETE	2 1 TITLE	Change Addition
NAME	PRICHARD, RANDAL E		2.2 NAME	
STREET ADDRESS	616 ORANGE DRIVE #201		2 3 STREET ADDRESS	
CITY - S1 - ZIP	ALTAMONTE SPRINGS FL	Driete	2 4 CHY-ST-ZIP	Tobacca T Market
TITLE	VP	☐ DELETE	31 TITLE	L Change L Addition
NAME DIGITATION CON	CAPEHART, ALICE M 233 FLAME AVE		3.2 NAME	
STREET ANDRESS   CITY-ST-ZIP	MAITLAND FL		3.3 STREET ADDRESS 3.4. CITY - ST- ZIP	
TITLE	MANIFORM IF	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-S1-7:P			4.4 CITY - ST - ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		I DOLLETS	5.4 CITY - \$T - ZIP	Change 1 1 delice
TITLE		L DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CHY-ST-ZIP 14. I do hereb	by certify that the information supplied	d with this filing does not qual	fy for the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the
information Lam an of	n Indicated on this annual report or s	upplemental annual report is ' the receiver or trustee empoy	true and accurate and tha vered to execute this repo	at my signature shall have the same legal effect as if made under oath; that ort as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: