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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 V48169

(9)

1, Corporation Name  COCONUT CREEK MOBIL, INC.  Principal Place of Business  COCONUT CREEK MOBILE INC. 3345 CLELAND ST. 3900 COCONUT CREEK PKWY.  HOLLYWOOD FL 33021										
3900 COCONU COCONUT CRE			HOLLYWOOD FL 33021 US	i						
US							<ol><li>Date Incorporated or Qualified 07/07/1992</li></ol>		ite of Last R )1/1996	eport
2. Principal P	lace of Busin	ess	2a. Mailing Address		<del> </del>	<del> </del>	4. FEI Number	00/0		plied For
1]			26				65-0342364		<del></del>	t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
2			City & State						Fee Re	
City & State	e.		28				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
Zφ		Country	Zip	c	Country		a. This corporation has liability fo		******	
4		25	29	30			Florida Statutes	Yes [	] No	
		and Address of Current	Registered Agent				10. Name and Address of New R	eglatered /	Agent	
		BHAGVATEE			81	Name				
	5 CLEVELA					Street Add	ress (P.O. Box Number is Not Acceptable)			
HUL	LLYWOOD F	·L 33021			83					
							······································			
					84	City		FL	85 Zip	Code
11. Pursuant	to the provisi	ons of Sections 607.0502	and 607.1508, Florida Sta	stutes, the	above	named cor	poration submits this statement for the		changing it	s registered
office or r agent. I a	registered agi am familiar wil	ent, or both, in the Stale of th, and accept the obligat	of Florida, Such change wa tions of, Section 607.0505	as autnori , Florida S	izeo by Statutes	the corpora i.	poration submits this statement for the ation's board of directors. I hereby according	abi ine abh	ointment as	registerea
SIGNATURE									-	
	Significe typed	or printed name of registered agent					aired when rainstating)	DATE	SUBSCATOR	20 11 10
12.		or printed name of registered agent	DIRECTORS	1	3.		ired when reinstating) ADDITIONS/CHANGES TO OFF			IS IN 12
	D	OFFICERS AND		1.					DIRECTOR Change	
12.	D Makhani		DIRECTORS	1.	3. 1 TITLE 2 NAME					
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SIGNATURE

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTO

ROYH. MAKHANLALL

9554-987-0519 Daytine Phone #

**FILED** 

Apr 08 1997 8:00am

Secretary of State

Daytime Phone #