

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED AND FILED *pg. 1012*

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 AUG 13 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V70941 (2)

1. Corporation Name
COE & CO. OF MIAMI INC.



Principal Place of Business
17759 DRACENA CIRCLE
NO. FORT MYERS FL 33917

Mailing Address
17759 DRACENA CIRCLE
NO. FORT MYERS FL 33917

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 10/14/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0362437	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

NASTASI, ANTHONY
17759 DRACENA CIRCLE
NO. FORT MYERS FL 33917

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASTASI, ANTHONY	1.2 NAME	
STREET ADDRESS	17759 DRACENA CIRCLE	1.3 STREET ADDRESS	100002269001--9
CITY-ST-ZIP	NO. FT. MYERS FL 33917	1.4 CITY-ST-ZIP	-08/15/97--01119--001
TITLE	D	2.1 TITLE	***165.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASTASI, ANTHONY	2.2 NAME	
STREET ADDRESS	17759 DRACENA CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NO. FORT MYERS FL 33917	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

CR2E034 (4/97)

Could not find statement for
01/1/97

check stub 01/15 Shows
I made check out for
\$165.00 Filing fee -

they lost the other check
the statement shows they
never deposited check

① last check wrote sequential
order 01/14 Oct 28 1996

② last check wrote 01/15 JAN 3 1997
Deposit Dept of State Filing fee
\$165.00

Statements show they lost check Pg. 2 of 2

PAY TO		11	1996
FL. Dept. of Revenue			
FOR Corporate Tax			
TOTAL			
AMOUNT THIS CHECK		54.19	
BALANCE		3822.69	

PAY TO		0114	Oct 28
FOR American Express			
FOR Membership			
TOTAL		4261.99	
AMOUNT THIS CHECK		41.25	
BALANCE		4220.74	

PAY TO		0115	JAN 3
FOR Dept of State			
FOR Filing Fee			
TOTAL		4220.74	
AMOUNT THIS CHECK		41.25	
BALANCE		4220.74	