# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 10 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000012959 (0)**

1. Corporation Name
**COASTAL TRAVEL, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 7000 ISLAND BLVD.<br>WILLIAMS ISLAND FL 33160 | 7000 ISLAND BLVD.<br>WILLIAMS ISLAND FL 33160 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/16/1994** | 3a. Date of Last Report:

2. Principal Place of Business
21 7900 ISLAND BLVD.
Suite, Apt. #, etc. 22
City & State 23 N. MIAMI BEACH, FLA.
Zip 24 33160 Country 25 USA

2a. Mailing Address
26 7900 ISLAND BLVD.
Suite, Apt. #, etc. 27
City & State 28 N. MIAMI BEACH, FLA.
Zip 29 33160 Country 30 USA

4. FEI Number 65-047025/ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FILINGS SINC.
3732 N.W. 16TH ST.
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | SPIVACK, CYNTHIA J | 12 NAME | |
| STREET ADDRESS | 7000 ISLAND BLVD. | 13 STREET ADDRESS | |
| CITY-ST-ZIP | WILLIAMS ISLAND FL 33160 | 14 CITY-ST-ZIP | |
| TITLE | D | 21 TITLE | ☒ Change ☐ Addition |
| NAME | RICHTER, MARY A | 22 NAME | D<br>SPIVACK,LEO J. |
| STREET ADDRESS | 7000 ISLAND BLVD. | 23 STREET ADDRESS | 7900 ISLAND BLVD. |
| CITY-ST-ZIP | WILLIAMS ISLAND FL 33160 | 24 CITY-ST-ZIP | N. MIAMI BEACH, FLA. 33160 |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** Cynthia J Spivack 2/28/95
NAME AND TYPED OR PRINTED TITLE OF AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

0173044 CP