

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000012959 (0)

1. Corporation Name
COASTAL TRAVEL, INC.



Principal Place of Business

7900 ISLAND BLVD
 N MIAMI BEACH FL 33160
 US

Mailing Address

7900 ISLAND BLVD
 N MIAMI BEACH FL 33160
 US

2. Principal Place of Business

21 Sube, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Sube, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

02/16/1994

3a. Date of Last Report

04/10/1995

4. FEI Number

65-0470251

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

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 607.0402 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 607.0405, Florida Statutes.

SIGNATURE

Signature of person submitting this statement to the Secretary of State

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME: **D SPIVACK, CYNTHIA J**
 STREET ADDRESS: **7000 ISLAND BLVD.**
 CITY-ST-ZIP: **WILLIAMS ISLAND FL 33160**

TITLE DELETE

NAME: **D SPIVACK, LEO J.**
 STREET ADDRESS: **7900 ISLAND BLVD**
 CITY-ST-ZIP: **N MIAMI BEACH FL**

TITLE DELETE

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

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 199.07(3)(k), 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 trustee 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 changes or on an attachment with an address.

SIGNATURE: *Cynthia Spivack Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 305-931-5315

CR2E034 (12/95)