

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000032484 (5)

1. Corporation Name

EAST COASTLINE INVESTORS, INC.



Principal Place of Business

**446 COLLINS AVE.
MIAMI BEACH FL 33139**

Mailing Address

**446 COLLINS AVE.
MIAMI BEACH FL 33139**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**THREATT, ROBERT R.
446 COLLINS AVENUE
MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified

04/29/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0493927

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 607.0502 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 changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

1.1 TITLE Change Addition

NAME **DP
KRAMER, THOMAS**
STREET ADDRESS **446 COLLINS AVE.**
CITY- ST- ZIP **MIAMI BEACH FL**

1.2 NAME
1.3 STREET ADDRESS

TITLE DELETE

2.1 TITLE Change Addition

NAME **VP
HANAU, H.**
STREET ADDRESS **446 COLLINS AVENUE**
CITY- ST- ZIP **MIAMI BEACH FL**

2.2 NAME
2.3 STREET ADDRESS

TITLE DELETE

2.4 CITY- ST- ZIP

NAME **VS
NEE, M.**
STREET ADDRESS **446 COLLINS AVENUE**
CITY- ST- ZIP **MIAMI BEACH FL**

3.1 TITLE Change Addition

TITLE DELETE

3.2 NAME **600001767106**
3.3 STREET ADDRESS **-04/02/96--01123--019**
*****200.00**

TITLE DELETE

3.4 CITY- ST- ZIP

TITLE DELETE

4.1 TITLE Change Addition

TITLE DELETE

4.2 NAME

TITLE DELETE

4.3 STREET ADDRESS

TITLE DELETE

4.4 CITY- ST- ZIP

TITLE DELETE

5.1 TITLE Change Addition

TITLE DELETE

5.2 NAME

TITLE DELETE

5.3 STREET ADDRESS

TITLE DELETE

5.4 CITY- ST- ZIP

TITLE DELETE

6.1 TITLE Change Addition

TITLE DELETE

6.2 NAME

TITLE DELETE

6.3 STREET ADDRESS

TITLE DELETE

6.4 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)(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 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: *Margaret Nee* DATE: **3/19/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **MARGARET NEE VP** DAY PHONE: **305-532-2519**

CR2E034 (12/95)

96-2-96