


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90100 049 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000077938**

1. Corporation Name  
**COASTLINE PROPERTY HOLDING CORP.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O ALAN G. KIPNIS ONE FINANCIAL PLAZA SUITE 2308 FORT LAUDERDALE FL 33394	Mailing Address C/O ALAN G. KIPNIS ONE FINANCIAL PLAZA SUITE 2308 FORT LAUDERDALE FL 33394
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2. Principal Place of Business %/o Blass + Frankel, PA 21 One Southeast Third Ave. Suite, Apt. #, etc. Suite 2130 City & State Miami FL Zip Country 33131 USA		2a. Mailing Address %/o Blass + Frankel, PA 26 One Southeast Third Ave. Suite, Apt. #, etc. Suite 2130 City & State Miami FL Zip Country 33131 USA	
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3. Date Incorporated or Qualified 09/09/1997	4. FEI Number 65-0779952	Applied For <input type="checkbox"/> 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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

KIPNIS, ALAN G ESQ  
 KIPNIS TESCHER LIPPMAN & VALINSKY  
 ONE FINANCIAL PLAZA SUITE 2308  
 FORT LAUDERDALE FL 33394

10. Name and Address of New Registered Agent

81 Name Coporate Corporation	85 Zip Code 33131
82 Street Address (P.O. Box Number is Not Acceptable) One Southeast Third Ave.	
83 Suite 2130	
84 City MIAMI	85 FL

11. Pursuant to the provisions of Sections 607.0507 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 *Melvin F. Frankel* **Melvin F. Frankel, President** 1/19/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	VOICE, STEPHEN	
STREET ADDRESS	91 COMPASS LANE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	VOICE, LISA	
STREET ADDRESS	91 COMPASS LANE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Steph Voice* 1/19/99 (305) 377-9353  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)