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Jun 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 383528 (7)

1. Corporation Name  
COASTLINE VENDING, INC.



Principal Place of Business: 800 NE 42ND STREET, POMPANO BEACH FL 33064  
Mailing Address: ~~800 NE 42ND STREET~~  
~~POMPANO BEACH FL 33064 4206~~

3. Date Incorporated or Qualified: 06/09/1971  
3a. Date of Last Report: 04/10/1996

2. Principal Place of Business: 21  
2a. Mailing Address: 26 4221 NE 27<sup>th</sup> AVE

4. FEI Number: 59-1354731  
Applied For: Not Applicable

22. Suite, Apt. #, etc.:  
27. Suite, Apt. #, etc.:

5. Certificate of Status Desired:   
\$8.75 Additional Fee Required

23. City & State: 28 LIGHHOUSE POINT, FL

6. Election Campaign Financing Trust Fund Contribution:   
\$5.00 May Be Added to Fees

24. Zip: 25 Country: 29 33064 30 Country:

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
NOBLE, RICHARD D  
~~800 NE 42ND STREET~~  
~~POMPANO BEACH FL 33064~~

10. Name and Address of New Registered Agent  
81 Name:  
82 Street Address (P.O. Box Number is Not Acceptable): 4221 NE 27<sup>th</sup> AVE  
83 LIGHHOUSE POINT, FL  
84 City:  
85 Zip Code: FL 33064

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: *Richard D Noble* DATE: 4/21/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	NOBLE, PATRICIA	
STREET ADDRESS	<del>800 NE 42ND STREET</del>	
CITY-ST-ZIP	<del>POMPANO BEACH FL</del>	
TITLE	<del>BAKER, CHERYL</del>	<input checked="" type="checkbox"/>
NAME	<del>BAKER, CHERYL</del>	
STREET ADDRESS	<del>800 NE 47TH ST</del>	
CITY-ST-ZIP	<del>POMPANO BEACH FL</del>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	4221 NE 27 <sup>th</sup> AVE		
1.4 CITY-ST-ZIP	LIGHHOUSE POINT, FL 33064		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	<del>4221 NE 27<sup>th</sup> AVE</del>		
2.4 CITY-ST-ZIP	<del>LIGHHOUSE POINT, FL 33064</del>		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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: *Patricia Noble* DATE: 4-21-97 954-707-5149

CR2E034 (9/96)