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 # **391087** **(4)**

1. Corporation Name

COASTLINE ENTERPRISES, INC.

Principal Place of Business
245 PEACHTREE CENTER AVE
SUITE 1100
ATLANTA GA 30303

Mailing Address
245 PEACHTREE CENTER AVE
SUITE 1100
ATLANTA GA 30303

3. Date Incorporated or Qualified: **11/09/1971**
3a. Date of Last Report: **04/07/1995**

2. Principal Place of Business
21 FDIC-100 Colony Sq. Box 68
Suite, Apt. #, etc.
22 2300
City & State
23 Atlanta GA
Zip 24 30361 Country 25 USA

2a. Mailing Address
26 FDIC 100 Colony Sq. Box 68
Suite, Apt. #, etc.
27 2300
City & State
28 Atlanta GA
Zip 29 30361 Country 30 USA

4. FEI Number: **59-1378347** 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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☒ DELETE	1.1 TITLE	D/P ☒ Change ☒ Addition
NAME	CORRIGAN, RICHARD	1.2 NAME	Charles P. Farrell, Jr.
STREET ADDRESS	245 PEACHTREE CENTER AVE, SUITE 1100	1.3 STREET ADDRESS	100 Colony Sq. Box 68 Ste. 2300
CITY-ST-ZIP	ATLANTA GA 30303	1.4 CITY-ST-ZIP	Atlanta, GA 30361
TITLE	DST ☒ DELETE	2.1 TITLE	D/VP/AS ☒ Change ☒ Addition
NAME	BARGANIER, J. MICHAEL	2.2 NAME	Patricia J. Ray
STREET ADDRESS	245 PEACHTREE CENTER AVE, SUITE 1100	2.3 STREET ADDRESS	100 Colony Sq. Box 68, Ste. 2300
CITY-ST-ZIP	ATLANTA GA 30303	2.4 CITY-ST-ZIP	Atlanta, GA. 30361
TITLE	SVAS ☒ DELETE	3.1 TITLE	D/S/T ☒ Change ☒ Addition
NAME	HALLMAN, LAMAR V	3.2 NAME	John P. Rossetti
STREET ADDRESS	245 PEACHTREE CENTER AVENUE, SUITE 1100	3.3 STREET ADDRESS	100 Colony Sq. Box 68 Ste. 2300
CITY-ST-ZIP	ATLANTA GA 30303	3.4 CITY-ST-ZIP	Atlanta, GA 30361
TITLE	VPAS ☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HIXSON, C. LLOYD	4.2 NAME	
STREET ADDRESS	245 PEACHTREE CENTER AVE. SUITE 1100	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30303	4.4 CITY-ST-ZIP	
TITLE	VPAS ☒ DELETE	5.1 TITLE	300001817829 ☐ Change ☐ Addition
NAME	CHANDLER, DEBORAH	5.2 NAME	-05/13/96--01019--020
STREET ADDRESS	245 PEACHTREE CENTER AVE. SUITE 1100	5.3 STREET ADDRESS	***208.75
CITY-ST-ZIP	ATLANTA GA 30303	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

5/1/96

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: Charles P. Farrell Jr. — 4-18-96 — 404 870 7010 ~~4-18-96~~ 94

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Charles P. Farrell, Jr.