

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 # 558964 (3)

1. Corporation Name

COASTCOM CORPORATION



Principal Place of Business

1680 S.W. BAYSHORE BLVD.
PORT ST. LUCIE FL 34984

Mailing Address

1680 S.W. BAYSHORE BLVD.
PORT ST. LUCIE FL 34984

3. Date Incorporated or Qualified
02/06/1978

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite Apt. #, etc.

27 City & State

28 Zip Country

29

4. FEI Number

59-1783359

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. 193.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHWEIGER, ROBERT L
1680 S.W. BAYSHORE BLVD.
FT PIERCE, FL
PORT ST. LUCIE FL 34984

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 of Registered Agent (Print Name and Title)

Signature of Registered Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

TITLE CDT
NAME SCHWEIGER, ROBERT
STREET ADDRESS 1680 S.W. BAYSHORE BLVD.
CITY-STATE-ZIP PORT ST. LUCIE FL

☐ DELETE

TITLE VP/OS
NAME SCHULMAN, CYNTHIA
STREET ADDRESS 1740 SE CLEARMONT
CITY-STATE-ZIP PT ST LUCIE, FL 00000

☐ DELETE

TITLE PD
NAME BIRKFELD, ROBERT
STREET ADDRESS 1680 SW BAYSHORE BLVD.
CITY-STATE-ZIP PORT. ST. LUCIE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT L. SCHWEIGER 2-8-96 407-879-6666

CR2E034 (12/95)