

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90142 014 ***150.00

DOCUMENT # 578060

1. Corporation Name
COASTLAND BUILDING CORP.

Principal Place of Business
1379 WOOD DUCK TRAIL
NAPLES FL 34109
US

Mailing Address
PO BOX 11448
NAPLES FL 34101
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1978

4. FEI Number

59-1842549

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2346 JNE BOULEVARD

Suite, Apt. #, etc.

22

City & State

23 NAPLES FLA

Zip

24 34109

Country

25

2a. Mailing Address

26 PO BOX 11448

Suite, Apt. #, etc.

27 NAPLES FL

City & State

28 FL 34101

Zip

29

Country

30

9. Name and Address of Current Registered Agent

FINE, ROGER H

11349 LONG SHORE WAY E

P.O. BOX 11026

NAPLES FL 34101

10. Name and Address of New Registered Agent

81 Name FINE ROGER H

82 Street Address (P.O. Box Number is Not Acceptable)

11349 LONG SHORE WAY E

83 NAPLES

84 City

FL

85 Zip Code

34119

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 reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

P
NAME FINE, ROGER H
STREET ADDRESS 11349 LONG SHORE WAY E
CITY-ST-ZIP NAPLES FL 34119

13. TITLE ☐ DELETE

D
NAME FINE, HELENA A
STREET ADDRESS 11349 LONG SHORE WAY E
CITY-ST-ZIP NAPLES FL 34119

14. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

15. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

16. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

17. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 (941) 513-9833
Date Daytime Phone #

CR2034 (11/98)