

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 679161 (0)

1. Corporation Name

COASTAL ACCOUNTING INC.

Principal Place of Business

1919 N.E. 45TH ST., STE. 115  
FT. LAUDERDALE FL 33308

Mailing Address

1919 N.E. 45TH ST., STE. 115  
FT. LAUDERDALE FL 33308



3. Date Incorporated or Qualified  
07/21/1980

3a. Date of Last Report  
02/07/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

59-2017397

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

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

10. Name and Address of New Registered Agent

KENDALL G. ROPP  
1919 N.E. 45TH ST., STE. 117  
FT. LAUDERDALE FL 33308

81. Name

DARLENE K. BROWN

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

1919 NE 45TH ST #115

83.

84. City

Fort Lauderdale

FL

85. Zip Code

33308

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 of registered agent, or both, to 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:

*Darlene K. Brown*  
Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reappointing)

5/15/96  
DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE  
NAME BROWN, DARLENE  
STREET ADDRESS 1919 NE 45TH ST #115  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☐ DELETE  
NAME ROPP, KENDALL G  
STREET ADDRESS 1919 NE 45TH ST #115  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

200001833992  
-05/22/96--01022--006  
\*\*\*200.00

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:

*Darlene K. Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DARLENE K. BROWN

4-29-96

954-491-7876

Date

Daytime Phone

CR2E034 (12/95)