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**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90016 044 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 708801**

1. Corporation Name

**COASTAL PLAYERS, INC.**

Principal Place of Business

**700 PARK AVE  
LAKE PARK FL 33403  
US**

Mailing Address

**P. O. BOX 1641 N/A  
JUPITER FL 33468  
US**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

3. Date Incorporated or Qualified

**04/13/1965**

4. FEI Number

**59-6504634**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**EMLEY, ROYCE  
4915 CARIBBEAN CT  
TEQUESTA FL 33469**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **BERLIN, GRETA**  
STREET ADDRESS **1116 RAINWOOD CIR**  
CITY-ST-ZIP **PALM BCH GDNS FL**

TITLE **P** ☐ DELETE

NAME **EMLEY, SUSAN**  
STREET ADDRESS **4915 CARIBBEAN CT.**  
CITY-ST-ZIP **TEQUESTA FL**

TITLE **VP** ☐ DELETE

NAME **JOSEPHSON, BEVERLY**  
STREET ADDRESS **19961 SEABROOK RD**  
CITY-ST-ZIP **TEQUESTA FL**

TITLE **D** ☐ DELETE

NAME **MCPOLAND, PATRICK**  
STREET ADDRESS **1040 TWELVE OAKS WAY**  
CITY-ST-ZIP **N PALM BCH FL**

TITLE **TD** ☐ DELETE

NAME **EMLEY, ROYCE**  
STREET ADDRESS **4915 CARIBBEAN CT**  
CITY-ST-ZIP **TEQUESTA FL**

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

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 617, 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

**May 25/99**  
Date

Daytime Phone #

CR2E037 (11/98)

0046402