

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 847218 (5)  
1. Corporation Name  
COASTAL BIOLOGICALS CORP.



Principal Place of Business  
C/O C.T.M.  
220-05 97TH AVENUE  
QUEENS VILLAGE NY 11429

Mailing Address  
C/O C.T.M.  
220-05 97TH AVENUE  
QUEENS VILLAGE NY 11429

3. Date Incorporated or Qualified  
10/14/1980

3a. Date of Last Report  
05/01/1995

4. FEI Number  
13-3036698

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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

JAMISON, JAMES  
2057 OAK BEACH BLVD.  
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name  
MICHAEL HAFLEY

82 Street Address (P.O. Box Number is Not Acceptable)  
2172 Newbury CT

83

84 City  
PALM HARBOR FL

85 Zip Code  
34683

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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
TD	PERRY, CIARLETTA	220-05 97 AVE	QUEENS VILLAGE NY	<input type="checkbox"/>
D	SILVER, MARTIN	220-05 97TH AVENUE	QUEENS VILLAGE NY	<input type="checkbox"/>
P	JAMISON, JAMES	2057 OAK BEACH BLVD.	SEBRING FL	<input type="checkbox"/>
SD	MATLIN, GERALD	220-05 97TH AVE	QUEENS VILLAGE NY	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change: <input type="checkbox"/>	Addition: <input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

7752 N. VIA DEL SENDERO  
SCOTTSDALE AZ 85258

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G.W. MATLIN

DATE

Daytime Phone #

4/22/96 (914) 241-1646

CR2E034 (12/95)