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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F87999** **(1)**

1. Corporation Name

COASTAL AUTO BROKERS, INC.

Principal Place of Business	Mailing Address
~~510 ROYAL PALM BLVD~~ ~~SATELLITE BCH FL 32937~~ US	~~510 ROYAL PALM BLVD~~ ~~SATELLITE BCH FL 32937~~ US

3. Date Incorporated or Qualified: 06/30/1982
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business
21 131 Island View Drive
Suite, Apt. #, etc. 22
City & State 23 Indian Harbor Bch FL
Zip 24 32937 Country 25 USA

2a. Mailing Address
26 131 Island View Drive
Suite, Apt. #, etc. 27
City & State 28 Indian Harbor Bch FL
Zip 29 32937 Country 30 USA

4. FEI Number: 59-2204738 ☐ 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

9. Name and Address of Current Registered Agent

ONDRIEZEK, THOMAS
~~510 ROYAL PALM BLVD.~~
~~SATELLITE BEACH FL 32937~~

10. Name and Address of New Registered Agent

81 Name: Ondriezek Thomas
82 Street Address (P.O. Box Number is Not Acceptable): 131 Island View Drive
83
84 City: Indian Harbor Bch FL 85 Zip Code: 32937

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] THOMAS ONDRIEZEK DATE
(Signature, typed or printed name, Registered Agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS ONDRIEZEK, THOMAS ~~510 ROYAL PALM BLVD~~ ~~SATELLITE BCH FL~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PS. THOMAS ONDRIEZEK 131 ISLAND VIEW DRIVE INDIAN HARBOR Bch FL 32937	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	300001820923 -05/14/96--01100--030	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	***200.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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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)(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.

SIGNATURE: [signature] Thomas J. Ondriezek 4-29-96 4072583101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #