

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000802 (0)

1. Corporation Name
COASTLINE DISTRIBUTION, INC.

Principal Place of Business 601 CODISCO WAY SANFORD FL 32771	Mailing Address 601 CODISCO WAY SANFORD FL 32771-6652
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/18/1992	3a. Date of Last Report 02/22/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3151829		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PHALIN, LAWRENCE J 225 E. ROBINSON STREET, SUITE 600 LANDMARK II CENTER ORLANDO FL 32801				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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROECKELMANN, RUSSELL G	1.2 NAME	Nelles, Mark A.
STREET ADDRESS	601 CODISCO WAY	1.3 STREET ADDRESS	601 Codisco Way
CITY - ST - ZIP	SANFORD FL 32771	1.4 CITY - ST - ZIP	Sanford, FL 32771
TITLE	VST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, JAMES P	2.2 NAME	
STREET ADDRESS	601 CODISCO WAY	2.3 STREET ADDRESS	
CITY - ST - ZIP	SANFORD FL	2.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRUPP, MICHAEL	3.2 NAME	Arok, Jr., Zoltan
STREET ADDRESS	602 PARK POINT DR., STE. 105	3.3 STREET ADDRESS	601 Codisco Way
CITY - ST - ZIP	GOLDEN CO	3.4 CITY - ST - ZIP	Sanford, FL 32771
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUM, GERALD	4.2 NAME	
STREET ADDRESS	16935 KNIGHBRIDGE LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	4.4 CITY - ST - ZIP	
TITLE	VASD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLCOMB, CHARLES N	5.2 NAME	
STREET ADDRESS	602 PARK POINT DR., STE. 105	5.3 STREET ADDRESS	
CITY - ST - ZIP	GOLDEN CO	5.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELBORN, BONNIE	6.2 NAME	
STREET ADDRESS	601 CODISCO WAY	6.3 STREET ADDRESS	
CITY - ST - ZIP	SANFORD FL	6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: J. P. Walker, VP/S/T **DATE REQUIRED** 4/1/97 **(407) 323-8500**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)