


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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/18/1992	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <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
				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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P/D
NAME	NELLES, MARK A	1.2 NAME	Nelles, Mark A.
STREET ADDRESS	601 CODISCO WAY	1.3 STREET ADDRESS	601 Codisco Way
CITY-ST-ZIP	SANFORD FL	1.4 CITY-ST-ZIP	Sanford, FL 32771
TITLE	VST	2.1 TITLE	D/V/T
NAME	WALKER, JAMES P	2.2 NAME	Walker, James P.
STREET ADDRESS	601 CODISCO WAY	2.3 STREET ADDRESS	601 Codisco Way
CITY-ST-ZIP	SANFORD FL	2.4 CITY-ST-ZIP	Sanford, FL 32771
TITLE	VP	3.1 TITLE	V/D
NAME	AROK, JR. Z	3.2 NAME	Perez de la Mesa, Manuel
STREET ADDRESS	601 CODISCO WAY	3.3 STREET ADDRESS	2665 S. Bayshore Drive
CITY-ST-ZIP	SANFORD FL	3.4 CITY-ST-ZIP	Coconut Grove, FL 33133
TITLE	D	4.1 TITLE	S/D
NAME	BLUM, GERALD	4.2 NAME	Logan, Barry S.
STREET ADDRESS	16935 KNIGHBRIDGE LANE	4.3 STREET ADDRESS	2665 S. Bayshore Drive
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	Coconut Grove, FL 33133
TITLE	AS	5.1 TITLE	D
NAME	WELBORN, BONNIE	5.2 NAME	Nahmad, Albert H.
STREET ADDRESS	601 CODISCO WAY	5.3 STREET ADDRESS	2665 S. Bayshore Drive
CITY-ST-ZIP	SANFORD FL	5.4 CITY-ST-ZIP	Coconut Grove, FL 33133
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

J.P. Walker, D/V/T

3/20/98

(407) 323-8500

CR2E034 (10/97)