

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

**FILED**  
**Apr 08 1997 8:00am**  
**Secretary of State**

|  |   |  |
|--|---|--|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # G24808 (9)**

1. Corporation Name  
**COASTLINE REAL ESTATE SERVICES, INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>1114 SANTA ROSA BLVD.<br/>FORT WALTON BEACH FL 32548</b> | Mailing Address<br><b>1114 SANTA ROSA BLVD.<br/>FORT WALTON BEACH FL 32548-6199</b> |
|--|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>02/21/1983</b>   | 3a. Date of Last Report<br><b>04/10/1996</b>           |
| 4. FEI Number<br><b>59-2270072</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

**9. Name and Address of Current Registered Agent**

**CORSENTINO, CHARLES A**  
**1114 SANTA ROSA BLVD., UNIT #701**  
**FORT WALTON BEACH FL 32548**

**10. Name and Address of New Registered Agent**

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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                      | P <input type="checkbox"/> DELETE                 | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>CORSENTINO, CHARLES A</b>                      | 1.2 NAME  |   |
| STREET ADDRESS             | <b>1114 SANTA ROSA BLVD., #701</b>                | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>FORT WALTON BEACH FL 32548</b>                 | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | VP <input type="checkbox"/> DELETE                | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>EDDLEMAN, BILL</b>                             | 2.2 NAME  |   |
| STREET ADDRESS             | <b>MOUNTAIN BROOK CTR., #300, 2700 HWY 280 S.</b> | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>BIRMINGHAM AL 35223</b>                        | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | S <input type="checkbox"/> DELETE                 | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>JUNEMAN, GEORGE B</b>                          | 3.2 NAME  |   |
| STREET ADDRESS             | <b>2030 COUNTRY RIDGE CIRCLE</b>                  | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>BIRMINGHAM AL 35243</b>                        | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE                   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 4.2 NAME  |   |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |   | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE                   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 5.2 NAME  |   |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |   | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE                   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 6.2 NAME  |   |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |   | 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 in an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SR2E034 (9/96)