

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L71676 (5)

1. Corporation Name

COASTAL SERVICES, INC.



Principal Place of Business

401 W. LANTANA ROAD
STE. 5
LANTANA FL 33462
US

Mailing Address

P.O. BOX 207
BOYNTON BEACH FL 33425-0207

3. Date Incorporated or Qualified

05/07/1990

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

21 1499 SW 30th Avenue

Suite, Apt. #, etc.

22 Suite 26

City & State

23 Boynton Beach, FL

Zip

24 33426

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 City & State

Zip

29 33426

Country

30 USA

4. FET Number

65-0193054

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

10. Name and Address of New Registered Agent

MAGUIRE, MARIE
401 W LANTANA RD
LANTANA FL 33462

81 Name

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

1499 SW 30th Avenue

83

Suite 26

84

City

Boynton Beach

FL

85 Zip Code

33426

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 (if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
DP
MAGUIRE, MARIE
401 W. LANTANA RD., STE. 5
LANTANA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
DV
MAGUIRE, JACK
401 W. LANTANA ROAD, STE. 5
LANTANA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

1499 SW 30th Avenue, Suite 26
Boynton Beach, FL 33426

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

1499 SW 30th Avenue, Suite 26
Boynton Beach, FL 33426

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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: Marie Maguire, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

(407)364-8452

DATE

PHONE NUMBER

CR2E034 (12/95)