

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90069 026 ***150.00

0103947

DOCUMENT # L84241

1. Corporation Name

COASTAL CRUISE LINES, INC.



Principal Place of Business

1612 E RIDGEWOOD ST
ORLANDO FL 32803
US

Mailing Address

1612 E RIDGEWOOD ST
ORLANDO FL 32803
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1990

2. Principal Place of Business

21 6300 River Road

2a. Mailing Address

26 6300 River Road

4. FEI Number

59-3085795

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 New Smyrna Beach, FLA

City & State

28 New Smyrna Beach, FLA

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 32169

Country

25 U.S.

Zip

29 32169

Country

30 U.S.

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

REILLY, GEORGE
1612 E RIDGEWOOD ST
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name REILLY, GEORGE

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

6300 RIVER ROAD

83

84 City NEW SMYRNA BEACH

FL

85 Zip Code 32169

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

George Reilly

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME REILLY, GEORGE F.
STREET ADDRESS 1612 E RIDGEWOOD ST
CITY-ST-ZIP ORLANDO FL

TITLE ST ☐ DELETE
NAME REILLY, GEORGE F.
STREET ADDRESS 1612 E RIDGEWOOD ST
CITY-ST-ZIP ORLANDO 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

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 6300 RIVER ROAD
1.4 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 6300 RIVER ROAD
2.4 CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

George Reilly REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-99

Date

(904) 427-1618

Daytime Phone #

CR2E034 (11/98)