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Feb 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N96000006525 (7)  
1. Corporation Name  
COASTAL FLIERS CORP.



Principal Place of Business: 1662 PARK TERRACE WEST ATLANTIC BEACH FL 32233  
Mailing Address: 1662 PARK TERRACE WEST ATLANTIC BEACH FL 32233

3. Date Incorporated or Qualified: 01/01/1997  
4. FEI Number: 59-2638065  
Applied For: Not Applicable

2. Principal Place of Business: 21 1660-1 BEACH AVE, 22 Suite, Apt. #, etc.  
2a. Mailing Address: 26 1660-1 BEACH AVE., 27 Suite, Apt. #, etc.  
23 City & State: ATLANTIC BEACH, FL  
24 Zip: 32233, 25 Country: USA  
26 City & State: ATLANTIC BEACH, FL  
28 Zip: 32233, 29 Country: USA, 30

5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
MCKEEVER, ROBERT P  
1662 PARK TERRACE WEST  
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent  
81 Name: MICHAEL D. WHALEN  
82 Street Address (P.O. Box Number is Not Acceptable): 1660-1 BEACH AVE  
83  
84 City: ATLANTIC BEACH, FL 85 Zip Code: 32233

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.  
SIGNATURE: [Signature] DATE: 1/20/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PT	MCKEEVER, ROBERT P	1.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 1662 PARK TERRACE WEST	ATLANTIC BEACH FL 32233	1.2 NAME:	X
CITY-ST-ZIP: ATLANTIC BEACH FL 32233		1.3 STREET ADDRESS:	
TITLE: VD	HOHENSHELT, KIM	1.4 CITY-ST-ZIP:	
STREET ADDRESS: 14071 MYSTIC LANE	JACKSONVILLE FL 32250	2.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: JACKSONVILLE FL 32250		2.2 NAME:	HOHENSHELT, KIM
TITLE: ST	WHALEN, MICHAEL	2.3 STREET ADDRESS:	14071 MYSTIC LANE
STREET ADDRESS: 1660 BEACH AVENUE, #1	ATLANTIC BEACH FL 32233	2.4 CITY-ST-ZIP:	JACKSONVILLE FL 32250
CITY-ST-ZIP: ATLANTIC BEACH FL 32233		3.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TT	GOOD, ARNOLD	3.2 NAME:	WHALEN, MICHAEL
STREET ADDRESS: 4945 MOTOR YACHT DRIVE	JACKSONVILLE FL 32225	3.3 STREET ADDRESS:	1660 BEACH AVE #1
CITY-ST-ZIP: JACKSONVILLE FL 32225		3.4 CITY-ST-ZIP:	ATLANTIC BEACH FL 32233
TITLE:		4.1 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	GOOD, ARNOLD
STREET ADDRESS:		4.3 STREET ADDRESS:	4945 MOTOR YACHT DRIVE
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	JACKSONVILLE, FL 32225
TITLE:		5.1 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		5.2 NAME:	PRENSLOW, CHARLES (Director)
STREET ADDRESS:		5.3 STREET ADDRESS:	3570 VICTORIA PARK RD
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	JACKSONVILLE FL 32216
TITLE:		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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] MICHAEL D WHALEN 1/20/98 9043542050

CFR2E037 (10/97)