FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600

N96000006525 (7)

COASTAL FLIERS CORP.

FILED Feb 24 1998 8:00am Secretary of State

	AL I LILIIO OONE.					
Principal Place	e of Business	Mailing Address			#411# #11#1 #11## 31##1 #111 1##1	
1662 PARK TER ATLANTIC BEAG		1662 PARK TERRACE WES ATLANTIC BEACH FL 3223		3. Date incorporated or Qualified 01/01/1997		
				4. FEI Number 59-2638065	Applied For Not Applicable	
21 1660	. , , , , , , , , , , , , , , , , , , ,	20 100	beach ave.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & State	- Coral &	CAY & SIATE BE	Stell, FL	7. Is this nonprofit corporation a homeowr		
23 ATUT	INCBEACH, FL	28 MILMIE DE	Country	Yes	□ No	
24 322	33 County	20 82233	30	 This corporation owes or has paid the of Personal Property Tax due June 30. 	Yes No	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registers	d Agent	
			81 Name M	ICHAEL D. WHALEN		
MCKEEVER, ROBERT P			82 Street Addr	treet Address (P.O. Box Number is Not Acceptable)		
	VRK TERRACE WEST IC BEACH FL 32233		83	60-1 BENCH AVE		
AIDAIII	IO DENOTT L SEESS		84 City A		lee Zin Codo	
			' ' ' ' ' ' ' ' ' ' '	LAWITC BEALLY F	L 32233	
11. Pursuant	to the provisions of Sections 617.05	602 and 617.1508, Florida Statut	es, the above-named corp	poration submits this statement for the purpose	of changing its registered	
agent. I a	m familiar with and accept the obli	pations of, Section 617.0503, Flo	orida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	/	
SIGNATURE .	magoni		E. Registered Agent signature requir		20/98	
12.		gent and title if applicable. (NOT ND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
			B 13.			
	PT		13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition	
TITLE NAME		DELETE		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PT MCKEEVER, ROBERT P 1662 PARK TERRACE WEST	, .≱ € DELEYE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A		
TITLE NAME	PT MCKEEVER, ROBERT P 1662 PARK TERRACE WEST ATLANTIC BEACH FL 32233	"ALC DELEYE I	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PT MCKEEVER, ROBERT P 1662 PARK TERRACE WEST ATLANTIC BEACH FL 32233 VD	, .≱ € DELEYE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	×		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PT MCKEEVER, ROBERT P 1662 PARK TERRACE WEST ATLANTIC BEACH FL 32233 VD HOHENSHELT, KIM	"ALC DELEYE I	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	HOHEN SHELT, KIM	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PT MCKEEVER, ROBERT P 1662 PARK TERRACE WEST ATLANTIC BEACH FL 32233 VD HOHENSHELT, KIM 14071 MYSTIC LANE	"ALC DELEYE I	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	HOHEN SHELT, KIM	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PT MCKEEVER, ROBERT P 1662 PARK TERRACE WEST ATLANTIC BEACH FL 32233 VD HOHENSHELT, KIM 14071 MYSTIC LANE JACKSONVILLE FL 32250	"ALC DELEYE I	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	×	Change Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MCKEEVER, ROBERT P 1662 PARK TERRACE WEST ATLANTIC BEACH FL 32233 VD HOHENSHELT, KIM 14071 MYSTIC LANE JACKSONVILLE FL 32250 ST WHALEN, MICHAEL 1660 BEACH AVENUE, #1 ATLANTIC BEACH FL 32233 TT GOOD, ARNOLD	DELETE DELETE DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 4.4 STREET ADDRESS 4.4 CITY - ST - ZIP 4.5 STREET ADDRESS 4.4 CITY - ST - ZIP 4.4 CITY - ST - ZIP 4.5 STREET ADDRESS 4.4 CITY - ST - ZIP 4.5 ST - ZIP 4.6 STREET ADDRESS 4.4 CITY - ST - ZIP 4.7 ST - ZIP	TOTO TOTO PACE AND	Change Addition Change Addition Change Addition Change Addition Addition	
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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:

MICHIEL D WHALEN 1/26/98 904 354 2850