


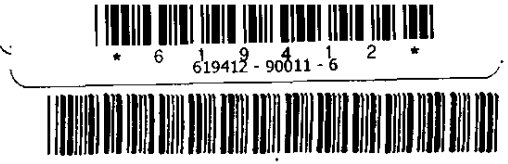
**FILED**  
**Sep 10, 1999 8:00 am**  
**Secretary of State**

09-10-1999 90008 017 \*\*\*\*70.00

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000006525**  
 Corporation Name  
**COASTAL FLIERS CORP.**

Principal Place of Business 360-1 BEACH AVE ATLANTIC BEACH FL 32233 S	Mailing Address 1660-1 BEACH AVE ATLANTIC BEACH FL 32233 US
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Principal Place of Business 4945 Motor Yacht Dr. Suite, Apt. #, etc.	2a. Mailing Address 4945 Motor Yacht Dr. Suite, Apt. #, etc.	3. Date Incorporated or Qualified 01/01/1997
City & State Jacksonville, FL 32225	City & State Jacksonville, FL 32225	4. FEI Number 59-2638065
Zip 32225	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent  WHALEN, MICHAEL D 1660-1 BEACH AVE ATLANTIC BEACH FL 32233		10. Name and Address of New Registered Agent 81 Name Arnold E. Good 82 Street Address (P.O. Box Number is Not Acceptable) 4945 Motor Yacht Dr. 83 84 City Jacksonville FL 85 Zip Code 32225

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: *Arnold E. Good* ARNOLD E. GOOD DATE: 9-5-99

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	PD <input type="checkbox"/> DELETE HOSHENSHELT, KIM 14071 MYSTIC LANE JACKSONVILLE FL 32250	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	VD <input type="checkbox"/> DELETE WHALEN, MICHAEL 1660 BEACH AVENUE, #1 ATLANTIC BEACH FL 32233	1.2 NAME	
Y-ST-ZIP		1.3 STREET ADDRESS	
LE	SD <input type="checkbox"/> DELETE GOOD, ARNOLD 4945 MOTOR YACHT DRIVE JACKSONVILLE FL 32225	1.4 CITY-ST-ZIP	
ME		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Y-ST-ZIP		2.2 NAME	
LE		2.3 STREET ADDRESS	
ME		2.4 CITY-ST-ZIP	
Y-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE		3.2 NAME	
ME		3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
LE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		4.2 NAME	VD Charles Reussow
Y-ST-ZIP		4.3 STREET ADDRESS	3570 Victoria Park Rd
LE		4.4 CITY-ST-ZIP	Jacksonville, FL. 32216
ME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Y-ST-ZIP		5.2 NAME	
LE		5.3 STREET ADDRESS	
ME		5.4 CITY-ST-ZIP	
Y-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE		6.2 NAME	
ME		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Arnold E. Good* ARNOLD E. GOOD DATE: 9/5/99 DAYTIME PHONE: 904-645-9997

CR2E037 (5/99)