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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P92000001887 (8)

DOCUMENT # 1. Corporation Name

COASTLINE DIESEL, INC.

Principal Place of Business	Mailing Address		

12784 83RD PALM BEAC US	i Ln. n. Ch gardens fl 33412	P.O. BOX 10054 RIVIERA BEACH FL 334 US	19	Date Incorporated or Qualified 11/04/1992	3a. Date of Last Report 04/06/1995			
2. Principal Pla	^	2a. Mailing Address	_	4. FEI Number 65-0370206	Applied For			
21 Mob. 1	Marine Service	26 DO. Box 10054		05 0570200	Not Applicable			
Suite, Apt. #		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees			
23 Kiv. Bo Zp	Country	28 Riv. Bet, Fl.	Country	8. This corporation has liability for i				
24	25		30 USA	Florida Statutes Yes				
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New R	egistered Agent			
DADDIC	NU DDUACNI ID		81 Name					
PARRISH, BRUCE W JR. 105 S NARCISSUS AVE			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE			83					
	PALM BEACH FL 33401							
			84 City		FL 85 Zip Code			
or registere familiar wit	o the provisions of Soctions 607.0502 ad agent, or both, in the State of Fiori h, and accept the obligations of, Sect	da. Such change was authorized	the above-named corp by the corporation's bo	poration submits this statement for the pur pard of directors. I hereby accept the appo	pose of changing its registered office pintment as registered agent. I am			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Rogistered Agont signature requ		DATE			
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFF				
THLE	WALKER, WILLIAM D	DELETE	1 1 THTLE		Change Addition			
NAME	12784 83 LN		1.2 NAME					
STREET ADDRESS	PALM BEACH GARDENS FI	L 33412	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE		DELETE	2. 1 TITLE		Change Addition			
NAME		•	2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-ST-ZIP		M 1841 A. 1 MA	2.4 CITY - ST - ZIP					
TITLE		☐ DELETE	3. 1 TITLE		Change Addition			
NAME			3.2 NAME					
STREET ADDRESS			3 3. STREET ADDRESS					
CITY-ST-ZIP TITLE		☐ DELETE	34 CIFY-ST-ZIP 4 1 TITLE		☐ Change ☐ Addition			
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY - ST - ZIP					
THTLE		DELETE	5. 1 TITLE		Change Addition			
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP		FI DELÉTE	5.4 CITY-ST-ZIP		Change Cl Addition			
TITLE		DELÉTE	6 1 TITLE		Change Addition			
NAME	<u> </u>		6 2 NAME					
STREET ADDRESS	İ		63 STREET ADDRESS					
CITY-SI-ZIP			64 CHY+ST-ZIP					

14. I oo 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 certify 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:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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