

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000005979 (7)

1. Corporation Name

COASTLINE FINANCIAL GROUP, INC.



Principal Place of Business

COASTLINE FINANCIAL GROUP, INC.  
1 SOUTH OCEAN BLVD., STE. 315  
BOCA RATON FL 33432

Mailing Address

COASTLINE FINANCIAL GROUP, INC.  
1 SOUTH OCEAN BLVD., STE. 315  
BOCA RATON FL 33432

3. Date Incorporated or Qualified  
01/07/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business  
21 2424 N. FEDERAL Hwy

2a. Mailing Address  
26 2424 N. FEDERAL Hwy.

4. FEI Number  
65-0479161

Applied For  
Not Applicable

22 SUITE 460

27 SUITE 460

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 BOCA RATON FL

28 BOCA RATON, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33431 25 USA

29 33431 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADREY, RICHARD A  
2685 NW 27 AVE  
BOCA RATON FL 33434

81 Name

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

83

84 City

FL 85 Zip Code

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

*Richard Adrey*  
Signature, typed or printed name of registered agent with title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE  
April 21, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☐ DELETE  
NAME KAYE, HARVEY  
STREET ADDRESS 2667 N OCEAN BLVD APT 1609  
CITY-ST-ZIP BOCA RATON FL 33431

1 1 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE MD ☐ DELETE  
NAME ADREY, RICHARD A  
STREET ADDRESS 2685 NW 27 AVE  
CITY-ST-ZIP BOCA RATON FL 33434

2 1 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3 1 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do 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 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.

SIGNATURE

*Richard Adrey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
April 21, 1996  
Daytime Phone #

CR2E034 (12/95)