FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 18 PM 5:54

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000032037 (1)

1. Corporation Name

COASTLINE TRANSPORT INC.

Principal Place of Business	Mailing Address
2901 S.W. 41ST ST. #3813 OCALA FL 34474	2901 S.W. 41ST ST. #3813 OCALA FL 34474

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/25/1994
3a. Date of Last Report: N/A

2. Principal Place of Business: 21 170 LOCUST STREET
Suite, Apt. #, etc. 22
City & State: 23 GARDEN CITY NEW YORK
Zip: 24 11530 Country: 25 USA

2a. Mailing Address: 26 P.O. BOX 3046
Suite, Apt. #, etc. 27
City & State: 28 GARDEN CITY NEW YORK
Zip: 29 11531 Country: 30 USA

4. FEI Number: 59-2340259 ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

AUSTIN, EDGAR R
2901 S.W. 41ST ST.
#3813
OCALA FL 34474

10. Name and Address of New Registered Agent

81 Name: CHARLES F. AUSTIN
82 Street Address (P.O. Box Number is Not Acceptable): 104 LANDS END
83
84 City: PONTE VEDRA BEACH. FL 85 Zip Code: 32082

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: Charles F. Austin (CHARLES F AUSTIN) 4-10-95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	AUSTIN, EDGAR R	1.2 NAME	
STREET ADDRESS	2901 S.W. 41ST ST. #3813	1.3 STREET ADDRESS	
CITY ST ZIP	OCALA FL 34474	1.4 CITY ST ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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: Edgar R. Austin EDGAR R. AUSTIN 4/5/95 (516) 747-3977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0351474 CP