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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name	P94000032343	(3)

EAST COASTLINE, INC.

Principal Place of Business	Mailing Address
446 COLLINS AVE.	446 COLLINS AVE.



446 COLLI MIAMI BE/	INS AVE. ACH FL 33139	446 COLLINS AVE. MIAMI BEACH FL 3	13139		.,,
				3. Date Incorporated or Qualified 04/28/1994	3a. Date of Last Report 05/01/1995
21	Place of Business	2a. Mailing Address 26		4. FET Number 65-0493923	Applied For Not Applicable
Suite, Ap 22	ot. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta		City & State		Election Campaign Financing Trust Fund Contribution	[] \$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes [7] Yes	□No
TREAT	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New R Address (F.O. Box Number is Not Acceptab	
446 C	OLLINS AVENUE BEACH FL 33139		83	audies (1.55 Dos Marios 15 Hot Asseptan	······································
			84 City	· · · · · · · · · · · · · · · · · · ·	FL 85 Zip Code
or regist	it to the provisions of Sections 607.05 tered agent, or both, in the State of Fl with, and accept the obligations of, Si	orida. Such change was autho	rized by the corporation's I	rporation submits this statement for the purp board of directors. Thereby accept the appo	pose of changing its registered offic infiment as registered agent. I am
SIGNATURE	Signature, typod or printed name of registered as	gent and fire if applicable	(NOTE: Registered Agent signature re	e pareconder a realistation)	DATE:
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFE	
TITLE	V	DELÉTE	1 1 TIALE	VP	XX Change
NAME OANS LASSON OF	HANAU, H.		1.2 NAME	Hanau, H.	
STREET ADDRESS CITY-S1-ZIP	446 COLLINS AVENUE MIAMI BEACH FL		1.3 STREET ADDIFESS	446 Collins Avenue	
T-TLE	VS	DELETE	2.1 TITLE	-Miami Beach, -FL - 3313	9 Change Addition
NAME	NEE, M.		2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-SI-ZIP	MIAMI BEACH FL		2 4 CHY+S1+ZIP		
TITLE	ma sin pes (Q111 c				
NAME		DELETE	3 1 THILE	President, Dinector	☐ Change [[] Addition
STREET ADDRESS		DELETE	3 1 THILE 3 2 NAME	President, Dinecton Kramer, Thomas	Change K Addition
	5	☐ DETEIE		Kramer, Thomas 446 Collins Avenue	
CITY-ST-ZiP	5	_	32 NAME	Kramer. Thomas	
TITLE	5	DELETE	3.2 NAME 3.3 STREET ADDRESS	Kramer, Thomas 446 Collins Avenue	
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TITLE NAME STREET ADDRESS		_	32 NAME 33 STREET ADDRESS 34 GITY-S7-7P 4 1 TIFLE 4.2 NAME 4 3 STREET ADDRESS	Kramer, Thomas 446 Collins Avenue	
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roo heleby certify that the information supplied with this hing is voluntary turning and does not quary for the excription stated in Section 119.07(3)(8). Florida Statutes, Further certify that the information indicated on this annual report is strue 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 trustes 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96 305-532-2519