FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000032343 (3)

EAST COASTLINE, INC.

FILED Feb 26 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address		
ONE SOUTH POINTE DR. MIAMI BEACH FL 33139		ONE SOUTH POINTE DR. MIAMI BEACH FL 33139		
				DO NOT WRITE IN THIS SPACE
İ				3. Date Incorporated or Qualified
				· · · · · · · · · · · · · · · · · ·
A Briggingt B	lace of Business	2a, Mailing Address		04/28/1994 4. FEI Number Applied For
	ace of business	- -		1.15
Suite, Apt.	# Atc	26 Suite, Apt. #, etc.		¢0.75 4 diversi
22				5. Certificate of Status Desired Fee Required
City & State		City & State		
23		the same of the sa		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	28	Country	7,001.01.00
24	25	` <u> </u>	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	p. Name and Address of Curre		301	10. Name and Address of New Registered Agent
70			81 Nan	
TREATT, ROBERT R.				THREATT, ROBERT R.
	E SOUTH POINTE DR.		82 Stre	et Address (P.O. Box Number is Not Acceptable)
į Miz	MI BEACH FL 33139		63	
ļ			83	
]			84 City	85 Zip Code
				FL S Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the above-nam	ed corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
agent I a	m familiar with, and accept the obli-	galions of, Section 607.0505, Flor	ida Statutes.	orporation o board or an obtain. This opy dobable the appointment as registered
SIGNATURE				
<u> </u>	Signature, typed or printed harne of registered as	yent and title it applicable (NOTE: ND DIRECTORS		ture required when reinstating) DATE
12.	VP OFFICERS AF	NO DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1 ' 1	**	C occur		Unantile Modition
NAME	HANAU, H.		1.2 NAME	
STREET ADDRESS	ONE SOUTH POINTE DR.		1.3 STREET ADDRES	SS .
CITY-ST-ZIP	MIAMI BEACH FL 33139	DELETE	1.4 CITY-ST-ZIP	Change Addition
TITLE	VS	LJ DELETE	2.1 TITLE	Charge C Adultion
NAME	NEE, M.		2.2 NAME	
STREET ADORESS	ONE SOUTH POINTE DR.		2.3 STREET ADDRES	88
CITY-ST-ZIP	MIAMI BEACH FL 33139		2. 4 CITY - ST - ZIP	
TITLE	PD	☐ DELETE	3 1 TITLE	Change Addition
NAME	KRAMER, THOMAS		3.2 NAME	
STREET ADDRESS	ONE SOUTH POINTE DR.		3 3 STREET ADDRES	SS
CITY-ST-ZIP	MIAMI BEACH FL 33139		3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	VP Change X Addition
NAME			4. 2 NAME	THREATT, ROBERT R.
STREET ADDRESS			4.3 STREET ADDRES	
CITY-ST-ZIP	<u></u>		4.4 CITY - ST - ZIP	MIAMI BEACH, FL 33139
TITLE		DELETE	5.1 TITLE	AS Change X Addition
NAME			5.2 NAME	1
STREET ADDRESS			5.3 STREET ADDRES	COLONNESE, CATHERINE F.
CITY-ST-ZIP			54 CITY- ST-ZIP	ONE SOUTH POINTE DRIVE
THILE		☐ DELETE	6.1 TITLE	MIAMI BEACH, FL 33139
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRES	
CITY+ST-ZIP			6.4 CITY - ST - ZIP	~
UII 1 - 31 - ZIF			■ 0.4 UTLT - 51 - ZIP	,

14. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

ROBERT R. THREATT

(305) 532-2519