

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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90178 022 \*\*\*150.00

0204576

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P94000032343**

1. Corporation Name  
**EAST COASTLINE, INC.**

Principal Place of Business

**ONE SOUTH POINTE DR.  
 MIAMI BEACH FL 33139**

Mailing Address

**ONE SOUTH POINTE DR.  
 MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 <b>404 WASHINGTON AVE.</b>	26 <b>404 WASHINGTON AVE.</b>
Suite, Apt. #, etc. <b>120</b>	Suite, Apt. #, etc. <b>120</b>
22 <b>MIAMI BEACH FL</b>	27 <b>MIAMI BEACH, FL</b>
City & State	City & State
23 <b>33139</b> <b>DADE</b>	29 <b>33139</b> <b>DADE</b>
Zip Country	Zip Country

3. Date Incorporated or Qualified <b>04/28/1994</b>
4. FEI Number <b>65-0493923</b>
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<del>THREATT, ROBERT R</del> <del>ONE SOUTH POINTE DR.</del> <del>MIAMI BEACH FL 33139</del>	81 Name <b>BRIAN A. HART</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>THOMSON MIRARO, RAZOOK &amp; HART</b> 83 <b>ONE SOUTHEAST</b> 84 City <b>MIAMI</b> FL 85 Zip Code <b>33131</b> <b>THIRD AVENUE, 17TH FLOOR</b>

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 **BRIAN A. HART** DATE **4/30/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANAU, H.</b>	1.2 NAME	
STREET ADDRESS	<b>ONE SOUTH POINTE DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	1.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEE, M.</b>	2.2 NAME	<b>404 WASHINGTON AVE.</b>
STREET ADDRESS	<b>ONE SOUTH POINTE DR.</b>	2.3 STREET ADDRESS	<b>SUITE 120</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	2.4 CITY-ST-ZIP	<b>MIAMI BEACH, FL 33139</b>
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRAMER, THOMAS</b>	3.2 NAME	<b>404 WASHINGTON AVE., SUITE 120</b>
STREET ADDRESS	<b>ONE SOUTH POINTE DR.</b>	3.3 STREET ADDRESS	<b>MIAMI BEACH, FL 33139</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	3.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THREATT, ROBERT R</b>	4.2 NAME	<del><b>404 WASHINGTON AVE., SUITE 120</b></del>
STREET ADDRESS	<b>ONE S POINTE DR</b>	4.3 STREET ADDRESS	<del><b>MIAMI BEACH, FL 33139</b></del>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLONNESE, CATHERINE F</b>	5.2 NAME	<b>404 WASHINGTON AVE., SUITE 120</b>
STREET ADDRESS	<b>ONE S POINTE DR</b>	5.3 STREET ADDRESS	<b>MIAMI BEACH, FL 33139</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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, with all other like empowered.

SIGNATURE: **CATHERINE COLONNESE** DATE **4/30/99**

CR2E034 (11/98)