

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000032484 (5)

1. Corporation Name

EAST COASTLINE DEVELOPMENT LIMITED, INC.

Principal Place of Business

Mailing Address

446 COLLINS AVE.
MIAMI BEACH FL 33139

446 COLLINS AVE.
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

04/29/1984

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0493927

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

10. Name and Address of New Registered Agent

PASTERNAK, MARSHALL R
1221 BRICKELL AVE.
MIAMI FL 33131

81 Name

Robert R. Threath

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

446 Collins Avenue

83

84 City

Miami Beach FL

85 Zip Code

33139

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

Robert R. Threath
Signature, typed or printed name of registered agent and title if applicable

ROBERT R. THREATT
(NOTE: Registered Agent signature required when reinstating)

4/28/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	KRAMER, THOMAS
STREET ADDRESS	446 COLLINS AVE.
CITY - ST - ZIP	MIAMI BEACH FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	H. Hanau	
1.3 STREET ADDRESS	446 Collins Avenue	
1.4 CITY - ST - ZIP	Miami Beach, FL 33139	
2.1 TITLE	VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	M. NEE	
2.3 STREET ADDRESS	446 Collins Avenue	
2.4 CITY - ST - ZIP	Miami Beach, FL 33139	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(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:

Margaret Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95
Date

305-532-2519
Telephone #