

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000032484 (5)

1. Corporation Name
EAST COASTLINE INVESTORS, INC.

Principal Place of Business

446 COLLINS AVE.
MIAMI BEACH FL 33139

Mailing Address

446 COLLINS AVE.
MIAMI BEACH FL 33139-6610

FILED

97 FEB 24 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21 One S. Pointe Dr.
Suite, Apt. #, etc.

2a. Mailing Address

26 One S. Pointe Drive
Suite, Apt. #, etc.

23 City & State
Miami Beach FL

27 City & State
Miami Beach FL

24 Zip Country
33139

29 Zip Country
33139

3. Date Incorporated or Qualified
04/29/1994

3a. Date of Last Report
04/02/1996

4. FEI Number

65-0493927

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

THREATT, ROBERT R.
446 COLLINS AVENUE
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

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

One S. Pointe Dr.

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME KRAMER, THOMAS
STREET ADDRESS 446 COLLINS AVE XXX
CITY-ST-ZIP MIAMI BEACH FL

TITLE VP
NAME HANAU, H.
STREET ADDRESS 446 COLLINS AVE XXX
CITY-ST-ZIP MIAMI BEACH FL

TITLE VS
NAME NEE, M.
STREET ADDRESS 446 COLLINS AVE XXX
CITY-ST-ZIP MIAMI BEACH FL

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
1.2 NAME
1.3 STREET ADDRESS One S. Pointe Dr.
1.4 CITY-ST-ZIP Miami Beach FL 33139

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS One S. Pointe Dr.
2.4 CITY-ST-ZIP Miami Beach FL 33139

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS One S. Pointe Dr.
3.4 CITY-ST-ZIP Miami Beach FL 33139

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margaret Nee, VP

2/19/97

305-532-2519

Date Daytime Phone #

CR2E034 (9/96)