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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000049779 (9) **DOCUMENT #** 

COASTLINE PAINTING, INC. Principal Place of Business Mailing Address 2501 SOUTH FEDERAL HIGHWAY 2501 SOUTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316 3a. Date of Last Report 3. Date Incorporated or Qualified 06/29/1994 08/11/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0508241 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State  $\Box$ Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Zip Country Country Zip Yes No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 LYNG, JAMES W Street Address (P.O. Box Number is Not Acceptable) 2501 SOUTH FEDERAL HIGHWAY 83 FT.LAUDERDALE FL 33316 Zip Code City 85 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ▲ Addition DELETE D 1.1 TITLE TITLE 1.2 NAME CR2E034 Farrington, Tod LYNG, JAMES W NAMÉ 2501 SOUTH FEDERAL HIGHWAY 2501 South Federal Highway 1.3 STREET ADDRESS STREET ADDRESS Ft. Lauderdale, Fl 33316 FT. LAUDERDALE FL 33316 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition ☐ Change DELETE 2.1 TITLE 111LE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 DILE TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP C!TY-ST-ZiP ☐ Addition ☐ Change DELETE 4.1 TITLE 1016 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - 7IP CITY - ST - ZIP Addition Chan je DELETE 5.1 DHE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CHTY-ST-ZIP ☐ Addition Change DELETE 6. 1 TITLE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 early; 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 attackment with an address.

SIGNATURE:

JAMES LYNG 4/26/96