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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED May 08 1998 8:00am Secretary of State

DOCUMENT # P9400049779 (9) COASTLINE PAINTING, INC.					A MARINADO INO MONI BRONE DONE DANS ARRES APRILED	ICA ABAK ABAKI KARNA ABKA ABA
(Cert. Mail # P 372 117 800)						
Principal Place of Business 2501 SOUTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33316		Mailing Address 2501 South Federal Highway FT LAUDERDALE FL 33316		DO NOT WRITE IN THIS		
					3. Date Incorporated or Qualified 06/29/1994	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
26					65-0508241	Not Applicable
Suite, Apt #, etc. Suite, Apt. #, etc.			> .		5. Certificate of Status Desired	\$8.75 Additional
22] 27]						Fee Required
23 City & State	City & State City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28 Z _{ID}	Zip Country		8. This corporation owes or has paid the cu	
24	25	29	30			Yes No
	9. Name and Address of Currer		81		10. Name and Address of New Registered	Agent
LYNG, JAMES W 2501 SOUTH FEDERAL HIGHWAY FT.LAUDERDALE FL 33316				Name Street Addr	ress (P.O. Box Number is Not Acceptable)	85 Zip Code
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 applicable. (NOTE, Registered Agent signature required when reinstating). DATE						
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 12
TITLE	D	DELETE 1.1 TITLE				☐ Change ☐ Addition
NAME	LYNG, JAMES W		1.2 NAME	-		Į:
STREET ADDRESS			1.3 STREET /	ADDRESS	•	ļi
CITY-ST-ZIP			14 CITY - ST	- ZIP		
TITLE	☐ DELETE		1	1		L Change Addition (
NAME			2.2 NAME			Į
STREET ADDRESS			2.3 STREET			
CITY-ST-ZIP TITLE		☐ DELET	2. 4 CHY-ST E 3.1 TITLE	- ZIP		Change Addition
NAME			3.2 NAME	1		
STREET ADDRESS			33 STREET	DORESS		
CITY-ST-ZIP			3.4. CITY - ST			Ì
TITLE	DELETE					Change Addition
NAME			4 2 NAME			
STREET ADDRESS		•	4.3 STREET A	address		
CITY-ST-ZIP		•	4.4 CITY-ST	·ZIP		
TITLE		DELET	3			Change Addition
NAME			5.2 NAME			İ
STREET ADDRESS			5.3 STREET A	- 1		ĺ
CITY-ST-ZIP		I Del Exi	5.4 CITY-SI	-ZiP		Change Addition
TITLE		☐ DELETI		1		Change Addition
NAME CIDEST ADDRESS			6.2 NAME	DDDFCC		ļ
STREET ADDRESS			6.3 STREET A	TURESS		Į.

14. Thereby 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.

SIGNATURE: