PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000049779

1. Corporation Name

COASTLINE PAINTING, INC.

Certified Mail # P372117810

Principal Place of Business

Mailing Address

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90061 022 ***150.00



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2501 SOUTH FEDERAL HIGHWAY 2501 SOUTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316							
					DO NOT WRITE IN THIS S	PACE	
	•				3. Date Incorporated or Qualifed		
		, <u>, </u>			06/29/1994		
	Place of Business	2a. Mailing Address	- 0	20 D	4. FEI Number	Ap	plied For
700	5.E. 32 nd Cour	126 700 S.E.3	and	Court	65-0508241	No	t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	1
12		27		_	5. Germania of Status Desired	Fee Re	quired
City & State	handerdale, FL	City & State Lane	leda	le, Fi	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
Zip 333	Country 25	29 33316	Countr 30	у	This corporation owes the current year Inta Personal Property Tax.	ngible □ Yes	×Νο
··	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	gent	
			8	1 Name			2
LYN	IG, JAMES W	•	' <u>-</u>	2 Street Add-	ann (R.O. Ray Number in Not Acceptable)		
	1 SOUTH FEDERAL HIGHWAY	,	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		1
	AUDERDALE FL 33316	•,	8.	3			
			Ĺ			1 1 -	
		* · · · · · · · · · · · · · · ·	84	4 City	FL	85 Zip	Code
	50 11 000 000		- 45 - 25 2		oration submits this statement for the purpose of c	hanging its	registered
office or i	registered agent, or both, in the State of am familiar with, and accept the obligation	if Florida. Such change was at	ithorized by	y tne corporatio	on's board of directors. I hereby accept the appoint	ment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Ag	ent signature required	d when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND		**
TITLE	D	☐ DELETE	1.1 TITLE	, as = 1.00		Change	☐ Addition
NAME	LYNG, JAMES W	*	1,2 NAME	:	* م تیم یہ انکا		
STREET ADDRESS	ACAL COLUMN CEDEDAL LUCI BULLY		1.3 STRE	ET ADORESS			- 1
CITY-ST-ZIP	FT. LAUDERDALE FL 33316		1.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		, , , , , ,	☐ Change	☐ Addition
NAME	1	***	2.2 NAME	:	•		
STREET ADDRESS			23 STRE	ET ADDRESS			
		* -	2. 4 CITY		·		İ
CITY-ST-ZIP	-	DELETE	3.1 TITLE			Change	☐ Addition
NAME	,	,	3.2 NAME				
				ET ADDRESS			
STREET ADDRESS			1				
CITY-ST-ZIP	 	DELETE	3.4. CITY- 4.1 TITLE			Change	Addition
TITLE	}		4,1 111CE				
NAME							
STREET ADDRESS				ET ADDRESS			Ì
CITY-ST-ZIP			4.4 CITY-				
TITLE	1	C BELETE	5.1 TITLE			Change	☐ Addition
NAME		DELETE			.	Change	☐ Addition
	,	DELETE	5.2 NAME			Change	☐ Addition
STREET ADDRESS	;	DELETE	5.2 NAME 5.3 STRE	ET ADDRESS		Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	;		5.2 NAME 5.3 STRE 5.4 CITY-	ET ADDRESS ST-ZIP			
STREET ADDRESS CITY-ST-ZIP	:	☐ DELETE	5.2 NAME 5.3 STRE	ET ADDRESS ST-ZIP		☐ Change	☐ Addition
CITY-ST-ZIP	:		5.2 NAME 5.3 STRE 5.4 CITY-	ET ADDRESS ST-ZIP			
CITY-ST-ZIP			5.2 NAME 5.3 STRE 5.4 CITY- 6.1 TITLE 6.2 NAME	ET ADDRESS 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 of an attachment with an address, with all other like empowered.

SIGNATURE: