FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000088609 (0)**

1. Corporation Name

FLORIDA COASTAL LAW SCHOOL, INC.

Principal Place of Business

% FOLEY & LARDNER ATT: JOHN M WELCH JR
200 LAURA ST
JACKSONVILLE FL 32202

Mailing Address

% FOLEY & LARDNER ATT: JOHN M WELCH JR
200 LAURA ST
JACKSONVILLE FL 32202

2. Principal Place of Business
21 7555 BEACH BLVD.
Suite, Apt. #, etc.
22 JACKSONVILLE
City & State
23 FLORIDA
Zip 24 32216 Country 25

2a. Mailing Address
26 801 ANCHOR RODE DR
Suite, Apt. #, etc.
27 SUITE 206
City & State
28 NAPLES, FLORIDA
Zip 29 33940 Country 30 COLLIER

3. Date Incorporated or Qualified: 12/07/1994
3a. Date of Last Report: 02/27/1995
4. FEI Number: ~~65-0550827~~ ~~65-0550833~~ ☐ 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

F&L CORP
200 LAURA ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	TURNER, BERNARD	
STREET ADDRESS	210 MOORING LINE DR	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	D	☐ DELETE
NAME	TURNER, RITA	
STREET ADDRESS	210 MOORING LINE DR	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	D	☐ DELETE
NAME	SONNENSCHEIN, IRVING	
STREET ADDRESS	10 W 86TH ST	
CITY-ST-ZIP	NEW YORK NY 10024	
TITLE	D	☐ DELETE
NAME	LIVELY, DON	
STREET ADDRESS	8323 HIDDEN FOREST DR	
CITY-ST-ZIP	HOLLAND OH 43528	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS	1976 RALEY CREEK DRIVE	
44 CITY-ST-ZIP	JACKSONVILLE FL 32225	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☒ Change ☐ Addition

CR2E034 (12/95)

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 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 added by an attachment with an address.

SIGNATURE: Bobby Turner 3/13/96 261-6652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number