

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 12, 1999 8:00 am
Secretary of State

03-12-1999 90035 036 ***317.50

DOCUMENT # P94000088609

1. Corporation Name

FLORIDA COASTAL LAW SCHOOL, INC.

Principal Place of Business

7555 BEACH BLVD.
JACKSONVILLE FL 32216
US

Mailing Address

7555 BEACH BLVD.
JACKSONVILLE FL 32216
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1994

4. FEI Number

65-0550827

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 owes the current year Intangible
Personal Property Tax.

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

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 D
NAME TURNER, BERNARD
STREET ADDRESS 210 MOORING LINE DR
CITY-ST-ZIP NAPLES FL 33940 34103

TITLE D
NAME TURNER, RITA
STREET ADDRESS 210 MOORING LINE DR
CITY-ST-ZIP NAPLES FL 33940 34103

TITLE D
NAME SONNENSCHN, IRVING
STREET ADDRESS 10 W 86TH ST
CITY-ST-ZIP NEW YORK NY 10024

TITLE D
NAME LIVELY, DON
STREET ADDRESS 1976 RALEY CREEK DRIVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE D
NAME BAILEY, RON
STREET ADDRESS 6801 LOIS DRIVE
CITY-ST-ZIP SPRINGFIELD VA 22150

TITLE D
NAME DANFORD, RICHARD DR.
STREET ADDRESS 903 W. UNION ST
CITY-ST-ZIP JACKSONVILLE FL 32204

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bernard L. Turner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BERNARD L. TURNER 2/16/99 941 261 6652
Date Daytime Phone #

CR2E034 (1/98)