

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000090090 (9)

1. Corporation Name

COASTAL COMMERCIAL SERVICES, INC.



Principal Place of Business

Mailing Address

2945 ORANGE AVE
MALABAR FL 32950
US

2945 ORANGE AVE
MALABAR FL 32950
US

3. Date Incorporated or Qualified
12/13/1994

3a. Date of Last Report
08/04/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-3283363

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

10. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

ROBERT B. OAKES

82 Street Address (P.O. Box Number is Not Acceptable)

2945 ORANGE AVE

83

84 City

MALABAR

FL

85 Zip Code

32950

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

Robert Oakes

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

7-17-96

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
OAKES, ROBERT B
124 3RD AVENUE
INDIALANTIC FL 32903

DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
D, P, VP, S, T,
2945 ORANGE AVE.
MALABAR, FL 32950

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Change ☐ Addition ☐

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)(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 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 C17, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert B. Oakes PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-96

Date

Printed Name

CR2E034 (3/96)