SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

POCUMENT # P95000039096 (9)

AAA COASTLINE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

APPROVED AND FILED

1997 OCT 10 PM 4: 16

SECRETARY OF STATE
TALLAHASSEE. FLORIDA



7900 COLONY CIRCLE S BLDG: 14. # 203 7900 COLONY CIRCLE S TAMARAC FL 33321 TAMARAC FL 33321			BLDG. 14. # 203	DO NOT WORTH	IN 7:40 004 05
				3. Date Incorporated or Qualified	IN THIS SPACE 3a. Date of Last Report
				05/15/1995	05/29/1996
2. Principal Place of Business		2a. Mailing Address 17.		4. FEI Number	Applied For
21		25 6466 NW 5 WAY		65-0597936	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CO 75 A
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 Fort LAUG	terdale_	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pa	
24	25		30 Broward	Personal Property Tax due June	
001	9, Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New Re	gistered Ağent
	ALO, SALVATORE		81 Name <	TOHN PASSAK	11.1.0
790	O COLONY CIRCLE S., BLDG.	14, # 203	82 Street Add	lress (P.O. Box Number is Not Acceptab	le)
IAN	IARAC FL 33321		<u> </u>	tress (P.O. Box Number is Not Acceptable 4 66 N W 5 v	UAY
			83		/
			84 City		- 85 Zip Code
			1-7-1	. LAUD.	- F1 222/09
11. Pursuant to office or re	o the provisions of Sections 607.050 egistemed agent, or both, in the State	02 and 607.1508, Florida Statute	s_the_above named cor	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing its registered
agent. I ar	n familier with, and account he oblig	ations of Section 607,6505, Floi	ida SialDies	along board of directors. Thereby accep	Line appointment as registered
SIGNATURE		second the second		/0	13/97
	Signature, typed of printed name of registered ag		Registered Agent signature requ		DAY
TITLE	n OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	
NAME (SCIALO, SALVATORE	☐ DECEIG	1.1 1/11/16		Change Addition
STREET ADDRESS	7900 COLONY CIRCLE S., B	DG 14 # 202	1.2 NAME		
	TAMARAC FL 33321	LDG. 14, ¥ 205	1.3 STREET ADDRESS		~ 0.12
CITY-ST-ZIP TITLE	THE STATE OF LANDING	DELETE	1.4 CITY - ST - Z(P		- And And A
NAME		[22 NAME		TAICE IN TAKENION
STREET ADDRESS			2 2 NAME	REINSTATEMEN	4 1 1 1 1 1 1 1
CITY-ST-ZIP				Elle	popular de la company de la co
TITLE		DELETE	2 4 DTY-ST-ZIP 3 1 TITLE		Change Addition
NAME		- WEER	3.2 NAME		_ ,
STREET ADDRESS			3.3 STREET ADDRESS	ვვეიიიუ	8198370 9701036014
CITY-ST-ZIP				-10/14/	3701036014 7.00 ****750.00
TITLE		DELETE	3.4. CITY - ST- ZIP	****75	「「LOD」 未来示す (SOD OUS Change
NAME		المناه ال	4.2 NAME		C Oumide C Wonttoll
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-S1-Zip		
TITLE		DELFTE	5.1 TITLE		Change Addition
NAME			5.2 NAME		C Outside D Magigal 1
STREET ADDRESS			5.3 STHEET ADDRESS		
CITY-ST-ZIP					
TITLE	HP4	DELETE	5.4 CITY - ST - ZIF 6.1 TITLE		Change Addition
NAME			6.2 NAME		Ti Augusta (Ti Madita))
CTOCCT ADDOCCC			0.2 NAINE.		

CITY-ST-ZIP 14. I do 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 trustge empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block it if changed for on an attribute that an address.