

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P95000039096

1. Corporation Name

AAA COASTLINE ENTERPRISES, INC.

May 01, 1999 8:00 am Secretary of State

05-01-1999 90034 005 ***150.00



Principal Place	e of Business	Mailing Addres	5						
7900 COLONY	CIRCLE S., BLDG, 14, # 203	6466 NW 5TH V	VAY				•		
TAMARAC FL 3		ft. Lauderdal	E FL 33309			DO NOT WE	RITE IN THIS	CDACE	
								SPACE	
						Date Incorporated or Qualifect	J		
		- 1 a a a a a a a a a a a a a a a a a a				05/15/1995 4. FEI Number			
2. Principal Pl	lace of Business	2a. Mailing Add	iress					<u> </u>	Applied For
21		26				65-0597936			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certifcate of Status Desired			5 Additional Required
22		27							
City & State	te	City & State	e			6. Election Campaign Financing			May Be
23		28		`aunta.		Trust Fund Contribution			d to rees
Zip	Country	Zip		Country		8. This corporation owes the cu	rrent year inta	Yes	□No
24	25	29	30			Personal Property Tax. 10. Name and Address of New	Registered	<u> </u>	
	9. Name and Address of Current	it Registered Ageni	<u> </u>	81	Name	10. Name and Address of New	regiotorea /	· · ·	
PAC	SARIELLO, JOHN			•	-				
6466	6 NW 5TH WAY				82 Street Address (P.O. Box Number is Not Acceptable)				
	LAUDERDALE FL 33309			83					
11.1	EAUDENDALE I E 30003			ြီ					
				84	City		FL	85 Zi	p Code
44 0	As the provisions of Continue CO7 0500	2 and 607 1509 Fla	rida Statutos the	a above	-named co	reporation submits this statement for th		changing	its registered
office or n agent, I a	registered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such cha tions of, Section 607	inge was authoriz 7.0505, Florida S	zed by tatutes.	the corpora	rporation submits this statement for thation's board of directors. I hereby according	ept the appoir	itment as	registered
SIGNATURE	Signature, typed or printed name of registered agen		alore b			uired when reinstating)	DATE		
				ared Agen	t signature regu				
12					t signature requ			D DIREC	TORS IN 12
12.	OFFICERS AN	ID DIRECTORS	1	ered Agen 13. 1 TITLE	t signature requ	ADDITIONS/CHANGES TO O		D DIREC ☐ Chang	
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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: