

FILED

Apr 07 1997 8:00am
Secretary of State

PROFIT

CORPORATION
ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF BANKING AND FINANCE

Sandra B. Northam

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000093101 (0)

1. Corporation Name

COASTLINE APPRAISAL SERVICES, INC.

Principal Place of Business

4341 N.E. 19TH AVE.
FT. LAUDERDALE FL 33308

Mailing Address

4341 N.E. 19TH AVE.
FT. LAUDERDALE FL 33308-5103

2. Principal Place of Business

21 1141 S.E. 7TH AVE.

Suite, Apt. #, etc.

22

City & State

23 Pompano Beach

Zip

24 33060

Country

25 U.S.A.

2a. Mailing Address

26 1141 S.E. 7TH AVE.

Suite, Apt. #, etc.

27

City & State

28 Pompano Beach

Zip

29 33060

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

DUNNE, NATALIE D
4341 N.E. 19TH AVE.
FT. LAUDERDALE FL 33308

81 Name

82 Street Address

83

84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, officer or registered agent, or both, in the State of Florida, Such change was authorized by the corporation, officer or 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 the if applicable

(NOTE: Registered Agent signature required)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
DUNNE, NATALIE D
STREET ADDRESS 4341 N.E. 19TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE ☐ DELETE

NAME D
DUNNE, BRIAN
STREET ADDRESS 4341 N.E. 19TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



CR2E034 (9/96)