

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

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000010278 (5)**

1. Corporation Name

**COASTAL NETWORK REALTY CORP.**



Principal Place of Business

Mailing Address

**20035 PALM ISLAND DRIVE  
BOCA RATON FL 33498**

**20035 PALM ISLAND DRIVE  
BOCA RATON FL 33498**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 <b>191 N. Ocean Dr.</b>	26 <b>191 N. Ocean Dr.</b>		
Suite/Apt. #, etc.		Suite/Apt. #, etc.	
22 <b>213</b>	27 <b>213</b>		
City & State		City & State	
23 <b>Hollywood, FL</b>	28 <b>Hollywood, FL</b>		
Zip	Country	Zip	Country
24 <b>33019</b>	25	29 <b>33019</b>	30

3. Date Incorporated or Qualified

**02/01/1996**

4. FEI Number

**65-0644163**

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

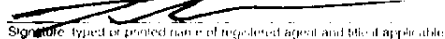
**KORNITZER, THOMAS  
20035 PALM ISLAND DRIVE  
BOCA RATON FL 33498**

10. Name and Address of New Registered Agent

81 Name **Tudzarov & Greenberg, P.A.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**345 West Oakland Park Blvd.**  
83  
84 City **Ft. Lauderdale** FL 85 Zip Code **33311**

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



(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KORNITZER, THOMAS</b>	1.2 NAME	
STREET ADDRESS	<b>20035 PALM ISLAND DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>S</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KORNITZER, BETTY</b>	2.2 NAME	
STREET ADDRESS	<b>20035 PALM ISLAND DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE





CR2E034 (10/97)