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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000031483 (6)

COASTLINE SCHOOLS, INC.

## FILED Jan 26 1998 8:00am Secretary of State



<b>'</b>	e of Business	Mailing Address	<del> </del>		<del>.</del>	-		
9981 LAKE S LARGO FL 34	EMINOLE DR W 1843	9981 LAKE SEMINOLE DR W LARGO FL 34643				DO NOT WRITE IN TH	HIS SPACE	
						3. Date Incorporated or Qualified		
2. Principal P	Place of Business	2a, Mailing Address				04/05/1996 4. FEI Number		Applied Car
21		26					<del></del>	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			59-3374480		Additional
22		27	1			5. Certificate of Status Desired Fee Required		
City & Stat	е	City & State				6. Election Campaign Financing	\$5.0	O May Be
23		28				Trust Fund Contribution Added to Fees		
Zip	Country Zip		<del> </del>	Country		8. This corporation owes or has paid the	_ ′	
24	25 29 30 30 Same and Address of Current Registered Agent			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent				
	·	r negletored Agent		61	Name	10. Name and Address of New Register	ed Agent	
	Spari, stephen m 31 lake seminole dr w		ļ					
	RGO FL 34643			62	Street Addre	Address (P.O. Box Number is Not Acceptable)		
-	TOP ( & STUTE		F	83			<del></del>	
			ŀ	84	City		85 Zip	Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statu	ites the ab	ove-	named corpo	oration submits this statement for the purpos	e of changing	its registered
i otice of t	egi <mark>ster</mark> ed agent, or both, in the State m f <b>amiliar with, and a</b> ccept the obliga	ot Florida. Silon change was	authorized	i Dv.	the corporati	on's board of directors. I hereby accept the	appointment a	is registered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if annicable (NO	TE: Peartered	Agos	t elanaturo require	od when reinstating) DAT		
12,	OFFICERS AND		13,	Agon	k signatoro require	ADDITIONS/CHANGES TO OFFICERS A		DRS IN 12
TITLE	PD	DELETE				ABBITOTOPINITAES TO STITUE TO	☐ Change	
NAME	Caspari, Stephen M		1.2 NA	ME			-	
STREET ADDRESS	9981 LAKE SEMINOLE DR W		1.3 STR	REET A	IDDRESS			i
CITY-ST-ZIP	LARGO FL			Y-ST-	- ZIP			ĺ
TITLE	TSD	☐ DELETE	2.1 TITI	LE			☐ Change	Addition
NAME	CASPARI, DOLORES J		2.2 NA	2.2 NAME				
STREET ADDRESS	9981 LAKE SEMINOLE DR W		2.3 STREET ADDRESS		DDRESS			
CITY+ST-ZIP			_	2 4 CITY-ST-ZIP				
TITLE			3.1 TITE				L Change	Addition
NAME			3.2 NAM					
STREET ADDRESS			1		DDRESS			
CITY-ST-ZIP TITLE			3.4. C)T 4.1 T(TL		- ZIP		Change	Addition
NAME			4.1 RRL				L Change	L Mannon
STREET ADDRESS			a de la composição de l		DORESS			
CITY-ST-ZIP			4.4 CITY					
TITLE		DELETE	5.1 TITL		FII .		Change	Addition
NAME			5.2 NAN					level - Article
STREET ADDRESS					DDRESS			
CITY-ST-ZIP			5.4 C(T)					
TITLE		DELETE	6.1 TITL				☐ Change	Addition
NAME			6.2 NAN	ΛE			·	
STREET ADDRESS			6.3 STR	EET AI	DDRESS			
CITY-ST-ZIP			6.4 CITY					
14. I hereby c	ertify that the information supplied wit	h this filing does not qualify for				Section 119.07(3)(i), Florida Statutes, I further	certify that th	e information

indicated on this annual report or supplied with this initial bearing on the exemption stated in section 19.07(5)(f), Florida Statutes. Further certify that the informatio 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.