

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000031483

1. Corporation Name  
COASTLINE SCHOOLS, INC.

Principal Place of Business  
9981 LAKE SEMINOLE DR W  
LARGO FL 34643

Mailing Address  
9981 LAKE SEMINOLE DR W  
LARGO FL 34643

132 MARK TWAIN LN

FILED  
Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90031 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
04/05/1996

4. FEI Number  
59-3374480

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 132 MARK TWAIN LN.

Suite, Apt. #, etc.

22

City & State

23 ROTONDA WEST FL

Zip Country

24 33947

25 CHARLOTTE

2a. Mailing Address

26 132 MARK TWAIN LN.

Suite, Apt. #, etc.

27

City & State

28 ROTONDA WEST FL

Zip Country

29 33947

30 CHARLOTTE

9. Name and Address of Current Registered Agent

CASPARI, STEPHEN M  
9981 LAKE SEMINOLE DR W  
LARGO FL 34643

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 Stephen M. Caspari

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-1-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CASPARI, STEPHEN M  
STREET ADDRESS 9981 LAKE SEMINOLE DR W  
CITY-ST-ZIP LARGO FL

☐ DELETE

TITLE TSD  
NAME CASPARI, DOLORES J  
STREET ADDRESS 9981 LAKE SEMINOLE DR W  
CITY-ST-ZIP LARGO FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME CASPARI, STEPHEN M.  
1.3 STREET ADDRESS 132 MARK TWAIN LN.  
1.4 CITY-ST-ZIP ROTONDA WEST FL. 33947

☒ Change ☐ Addition

2.1 TITLE TSD  
2.2 NAME CASPARI, DOLORES J.  
2.3 STREET ADDRESS 132 MARK TWAIN LN.  
2.4 CITY-ST-ZIP ROTONDA WEST FL. 33947

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: Stephen M. Caspari SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99

Date

1-800-368-0136

Daytime Phone #

CR2E034 (11/98)