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 # P96000041475 (0)

COASTLINE MARINE SALES AND FINANCING, INC.

FILED May 04 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address						
FOORER WIKELINE	20对张战协约90年发达						
FUNDERHINTALY 2034 BK	ACMUNEURINER ACABABA			DO NOT WRITE IN	THIS S	PACE	
				3. Date incorporated or Qualified			
				05/15/1996			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		\Box	Applied For
21 4500 Inverrary Blvd.	26 4500 Inverr	ary :	Blvd.	65-0665039			Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				ה ה	\$8.7	5 Additional
22	27			5. Certificate of Status Desired		Fe	∋ Required
City & State	City & State			6. Election Campaign Financing	_	\$ 5.	00 May Be
23 Lauderhill, Fl.	28 Lauderhill,			Trust Fund Contribution	<u> </u>	Ado	led to Fees
Zip Country 24 33319 25	Zip	Countr	У	8. This corporation owes or has paid to	-		_ ~
		30		Personal Property Tax due June 30		Yes	∐ No
9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Regis	tered A	gent	
LEQUERIQUE, RAY		Ľ	Name				
RAIGNW SORD ST		82	Street Add	ress (P.O. Box Number is Not Acceptable)			
EAUDERHILLE FLOSSON		83	}				
108 6 N.W. 113 Way		~	'			•	
Coral Springs, Fl.	33071	84	City		FL	85	Zip Code
11. Pursuant to the provisions of Sections 607.0502	and 607 1509 Florida Statutor	the above	/e.named.cor	poration submits this statement for the nurr		hangi	na ite registered
office or registered agent, or both, in the State i	of Florida. Such change was au	ithorized b	y the corpora	ation's board of directors. I hereby accept the	ne appo	intmen	t as registered
agent. I am lamiliar with, and accept the obliga	lions of, Section 607.0505, Flor	ida Statute	98.				Ì
SIGNATURE Signature, typed or printed number of regressred agen	dia id tilo il applicabie (NOTE:	Registered Ac	ent signature reciu	ired when reinslating)	DA1E		
12. OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER		DIREC	TORS IN 12
TITLE PD	☐ DELETE	1.1 TITLE				Char	ge 🔲 Addition
NAME LEQUERIQUE, RAY		1.2 NAME					
STREET ADDRESS 2416: NW 23:37 1086	NW 113 Way	1.3 STREE	T AUDRESS				1
CITY-ST-ZIP KACIBERANKIXPLX83319X Cor	al Springs, Fl	1.4 CITY -	ST-ZIP				
TITLE	☐ DELETE	2.1 TITLE				Char	ge Addition
NAME		2.2 NAME					ĺ
STREET ADDRESS		2.3 STREE	T ADDRESS				
City-St-ZiP		2. 4 CITY	ST - ZIP				
TITLE	L DELETE	3.1 TITLE			[Char	ge 🔲 Addition
NAME		3 2 NAME					İ
STREET ADDRESS		3 3 STARE	T ADDRESS				1
CITY-ST-ZIP	F 25.5-5	3 4. CITY	ST-ZIP			1 6:	
TITLE	DELETE	41 TITLE			l	Char	ge 🔲 Addition
NAME		4.2 NAME					
STREET ADORESS		li .	T ADDRESS				
CITY-ST-ZIP	DELETE	4.4 CITY-	ST-ZIP			Chy	an I Addition
TITLE	☐ DECEIE	5.1 TITLE			ı	Chan	ge
NAME OVORET ADDOCAGE		5.2 NAME	T IDDOCES				İ
STREET ADDRESS			T ADDRESS				
CITY-ST-ZIP	DELETE	5.4 CITY - 6.1 TITLE	ST-ZIP			Chan	ge Addition
	L. Dettit				L		de 🗀 voorrou
NAME COREST ADDRESS		6.2 NAME	1 1000ECC				
STREET ADDRESS		1	I ADDRESS				
CITY-ST-ZIP 14. I hereby certify that the information supplied with	to this filing does not qualify for	6.4 CITY-		Section 119.07(3)(i) Florida Statutes Utier	her cer	ify 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 of an attachment-with an address.