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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 01 1997 8:00am

Secretary of State

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## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000045715 (5)

COASTAL AVIATION, INC.

Suite, Apt. #, etc.  22  City & State  City & State  City & State  Country  Country  Suite, Apt. #, etc.  5. Certificate of Status Desired Fee Required  6. Election Campaign Financing Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,		Market 18, 20, 11 p. 12						
SARSOTA FL 34239  SARSOTA FL 34239  2. Principal Place of Business  2. Mailing Address  3. Date incorporated or Qualified Obj.22/1986  3. Date of List Report Obj.22/1986  3. Date in Control of List Report Obj.22/1986  3. Date of List Report Obj.22/1986  3. Date in Control of List Report Obj.22/1986  3. Date in Control of List Report Obj.22/1986  3. Date in Control of Sacuts Desired Status Desired Status Desired Status Status Desired Status	Principal Place of Business Mailing Address						i tealiten tin tatte disti sellt abili betit anis ethet autit sant isaat atti inat	
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City & State  State of City St		#, etc.					6 Certificate of Status Desired	
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Zep	23	,	—————·	—————				
Section 100   Section 607.0502 and 607.1506. Florida Statutes   Section 607.0502 and 607.1506.		Country		Country				
DIXON, CHARLES A 3824 SOUTH TUTTLE AVENUE SARSOTA FL 34239  11. Pursuant to the provisions of Sections 607,0502 and 607,1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered ediction of registered agent, or both, in the State of Fonds. Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered ediction of registered agent, or both, in the State of Fonds. Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered ediction of registered agent, or both, in the State of Fonds. Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered ediction of registered agent agents are submit when remaining.  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  10. STREET ADDRESS  1. STREET ADDRESS  1. STREET ADDRESS  2. STREET ADDRESS  3. STREET	24	25	29	<b>⊢</b> '				
SARSOTA FL 34239  82 Stroot Address (P.O. Box Number is Not Acceptable)  83 Barbara FL 34239  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 agent. I mile State of Foods Such change was authorized by the corporation is board of directors, I hereby accept the appointment as registered agent. I mile state of Foods Such change was authorized by the corporation is board of directors, I hereby accept the appointment as registered agent. I mile state of practice and registered agent and the 1 appointment as registered agent. I mile state of practice and registered agent and the 1 appointment as registered agent. I mile state of practice and registered agent and the 1 appointment as registered agent. I mile state of practice and registered agent and the 1 appointment as registered agent. I mile state of practice and registered agent and the 1 appointment as registered agent. I mile state of practice and registered agent and the 1 appointment as registered agent. I mile state of practice and registered agent. I mile state of practice and registered agent and the 1 appointment as registered agent. I mile state of practices and registered agent. I mile state of practices are state of practices and registered agent. I mile state of practices are state of practices and registered agent. I mile state of practices are state of practices and registered agent. I mile state of practices are state of practices and registered agent. I mile state of practices are state of practices and registered agent. I mile state of practices are state of practices and registered agent. I mile state of practices are state of practices and registered agent. I mile state of practices are state of practices and registered agent. I mile state of practices are state of practices and registered agent. I mile state of practices are state of practices and registered agent. I mile state of practices						······································		
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B3				ä	12	Street	Address (P.O. Box Number is Not Acceptable)	
11. Pursuant to the provisions of Sections 607 0502 and 607 1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Fronda Statutes, the above named corporation's board of directors, I hereby accept the appointment as registered agent and an analysis of the corporation's board of directors, I hereby accept the appointment as registered agent and several approach. (note: Represent Agent separate incontrol when remoting)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS AND DIRE	SARS	SOTA FL 34239		يا			·	
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14. I do 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	14. I do heret	by certify that the information supp	olied with this filing does not quali	ty for the e	xer	motion a	Lstated in Section 119.07(3)(i), Florida Statutes. I further certify that the	
	informatio	n indicated on this annual report	or supplemental annual report is t	rue and ac	cu	rate and	I that my signature shall have the same legal effect as if made under oath; that	

SIGNATURE: Charles A. Divor ( Charles A. Dixon 4-24-9) 941923923