**FILED** 

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90136 010 \*\*\*150.00

## 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 # P97000046891

COASTA	L WEB CORPORATION							
Principal Place of Business Mailing Address					) ranciant ten meter mestr matri	15 MM414 MM141 M1910 M1495 10		
4525 A BEE RIDGE RD SARASOTA FL 34233 US US					DO NOT WRIT	E IN THIS SPACE		
					3. Date Incorporated or Qualifed 05/27/1997			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	,	Applied For	
26					65-0760134		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			_		5. Certifcate of Status Desired		Additional Required	
City & State	City & State	e		6. Election Campaign Financing	\$5.0	O May Be		
23		28		Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Country	ı	8. This corporation owes the curre	nt year Intangible		
24	25 29 30		_		Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Ro	agistered Agent		
			81	Name			ĺ	
Warsing, John 74 North Shore Drive			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)			
anna maria FL 34216			83	-				
			84	City	FL 85 Zip Code			
agent. I ai	m familiar with, and accept the obligation of segurities and segurities of segurities and segurities are segurities as a segurities and segurities are segurities as a segurit	tions of, Section 607.0505, Florida	Statutes		tion's board of directors. I hereby accept	DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF			
TITLE	_		1.1 TITLE			Chang	e Addition	
NAME	***************************************		1.2 NAME					
STREET ADDRESS			1.3 STREET ADDRESS				ļ	
CITY-ST-ZIP	***************************************		1.4 CITY-S	T-ZIP				
TITLE	☐ DELETE 2.1 TI		2.1 TITLE			☐ Chang	e Addition	
NAME	22N		2.2 NAME					
STREET ADDRESS	DDRESS 2.3 S		2.3 STREE	TADDRESS			l	
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP			- D Addition	
TITLE	DELETE 3.1 TI		3.1 TITLE				je ~ □ Addition:	
NAME			3.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			3.4. CITY- 9	ST- ZIP		[] Chang	ge [ Addition	
TITLE			4.1 TITLE			·	,c	
NAME	•		4. 2 NAME				1	
STREET ADDRESS				T ADDRESS			1	
CITY-ST-ZIP			4.4 CITY-S	1-ZIP		☐ Chang	e Addition	
TITLE		L'I ACTOLE	5.1 TITLE 5.2 NAME	İ				
NAME				T ADDRESS				
STREET ADDRESS			5.4 CITY-S				J	
CHT-S1-ZP		6.1 TITLE	1-47		Chang	ge Addition		
TITLE !	1	☐ DELETE	CONALE					

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS

CITY-ST-ZIP

Tohn B WAISSING