

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90289 036 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000047511

1. Corporation Name

COASTAL CRUISING CORPORATION

Principal Place of Business

8606 BRIDLE PATH CT.
DAVE FL 33328

Mailing Address

8606 BRIDLE PATH CT.
DAVE FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1997

4. FEI Number

65-0756408

Applied For

Not Applicable

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 1901 W Oak Knoll Circle

Suite, Apt. #, etc.

2a. Mailing Address

26 1901 W Oak Knoll Circle

Suite, Apt. #, etc.

City & State

23 Ft Lauderdale

Zip 33324-6418

Country

City & State

28 Ft Lauderdale

Zip 33324-6418

Country

9. Name and Address of Current Registered Agent

STAMES, PETER
8606 BRIDLE PATH CT.
DAVE FL 33328

10. Name and Address of New Registered Agent

81 Name

Peter Stames

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

1901 W Oak Knoll Circle

83

84

Ft Lauderdale

FL

85 Zip Code 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE DP
NAME STAMES, PETER
STREET ADDRESS 8606 BRIDLE PATH CT.
CITY-ST-ZIP DAVE FL 33328

TITLE DV
NAME STAMES, ALMEDA
STREET ADDRESS 8606 BRIDLE PATH CT.
CITY-ST-ZIP DAVE FL 33328

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE PD
1.2 NAME Peter Stames
1.3 STREET ADDRESS 1901 W Oak Knoll Circle
1.4 CITY-ST-ZIP Ft Lauderdale, FL 33324

2.1 TITLE V.P. D
2.2 NAME Almeda Stames
2.3 STREET ADDRESS 1901 W Oak Knoll Circle
2.4 CITY-ST-ZIP Ft Lauderdale, FL 33324

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-99

424-3416

CR2E034 (11/98)