

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

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90068 041 \*\*\*150.00

DOCUMENT # P97000070368

1. Corporation Name

COASTAL 1 MARINE CORPORATION

Principal Place of Business

9751 RIVERSIDE DR.  
CORAL SPRINGS FL 33071

Mailing Address

9751 RIVERSIDE DR.  
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1997

4. FEI Number

65-0775346

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 3000 STATE ROAD 84

Suite, Apt. #, etc.

22 City & State  
23 FT. LAUDERDALE, FL.

24 33312 25 USA

2a. Mailing Address

26 3000 STATE ROAD 84

Suite, Apt. #, etc.

27 City & State

28 FT. LAUDERDALE, FL.

29 33312 30

9. Name and Address of Current Registered Agent

ALBERGHINA, FRANK  
9751 RIVERSIDE DR.  
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name JAMES E. DYLE

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

83 3000 STATE ROAD 84

84 City FT. LAUDERDALE FL

85 Zip Code 33312

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

JAMES E. DYLE 3-20-99

12. OFFICERS AND DIRECTORS

TITLE D  
NAME ALBERGHINA, FRANK  
STREET ADDRESS 9751 RIVERSIDE DR.  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE D  
NAME ALBERGHINA, JOHN  
STREET ADDRESS 9751 RIVERSIDE DR.  
CITY-ST-ZIP CORAL SPRINGS FL 33071

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

1.1 TITLE D  
1.2 NAME JAMES E. DYLE  
1.3 STREET ADDRESS 3000 STATE RD. 84  
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL. 33312

2.1 TITLE T  
2.2 NAME NANCY J. NOSER  
2.3 STREET ADDRESS 3000 STATE RD. 84  
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL. 33312

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/99

Date

954-581-6100

Daytime Phone #

CR2E034 (1/98)