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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000019908

COASTLINE C & M. INC.

May 03, 1999 8:00 am Secretary of State

05-03-1999 90050 021 ***150.00



OCACTERIZE OF A WAR WAS TO THE CONTROL OF THE CONTR								
Principal Place of Business Mailing Address						1 : E Elifa II : I della tella della estit della estat estes usua como control		
7802 HOFFY CIRCLE LAKE WORTH FL 33467 7802 HOFFY CIRCLE LAKE WORTH FL 33467						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 03/02/1998		
2. Principal Place of Business 2a. Mailing Address 26						4. FEI Number Applied Not App	plicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						LE Cortifonto of Status Decired	\$8.75 Additional Fee Required	
City & State City & State						6. Election Campaign Financing Trust Fund Contribution \$5.00 May Added to Fe		
Zip 24	Country 25					This corporation owes the current year Intangible Personal Property Tax. Yes N	lo	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered Agent		
1/404	AL MALTER	-	8	11	Name			
KADEN, WALTER 7802 HOFFY CIRCLE			L		Street Addres	set Address (P.O. Box Number is Not Acceptable)		
LAKE WORTH FL 33467			8	3		With the state of		
				84 City		FL 85 Zip Code		
office or re agent. I a	to the provisions of Sections 607.055 egistered agent, or both, in the State on familiar with, and accept the oblige signature, typed or printed name of registered age	of Florida Such change was au ations of, Section 607.0505, Flori	tnorized t da Statuti	es.	named corporation	ration submits this statement for the purpose of changing its register's board of directors. I hereby accept the appointment as register and 27/99	red	
		ND DIRECTORS	13.	90.11	agriculture required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12	
12.	D .	DELETE	1.1 11114	E			Addition	
NAME	KADEN, WALTER	•	1.2 NAM	E		CW4.91.250		
STREET ADDRESS	7802 HOFFY CIRCLE		1.3 STRE	EETA	DDRESS			
CITY-ST-ZIP			1.4 CITY	1.4 CITY-ST-ZIP		(Jan 1967)		
TITLE		☐ DELETE	2.1 TITL	E		Change	_ Addition	
NAME			2.2 NAME				(
STREET ADDRESS			2.3 STREE		DDRESS		}	
CITY-ST-ZIP			2, 4 CIT	_	ZIP		7 Addition	
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐	Addition	
NAME			3.2 NAME					
STREET ADDRESS			1		UDDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. CIT		ZIP	☐ Change	Addition	
TITLE		☐ pereie	4.1 TITLE				J. 154	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STRE			· ·		
CITY-ST-ZIP			4,4 CITY-1		AP	☐ Change ☐	Addition	
TITLE		_ 5	5.1 INCE					
NAME					ADDRESS		1	
STREET ADDRESS	°		5.4 CITY					
CITY-ST-ZIP TITLE		DELETÉ	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAW	tE	İ		ļ	
STREET ADDRESS	•		6.3 STR	EETA	ADORESS			

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: