

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S60459** (2)
1. Corporation Name
COASTLINE TOPS 'N' MICA, INC.

Principal Place of Business 25 S WICKHAM MELBOURNE FL 32904 US	Mailing Address 25 S WICKHAM MELBOURNE FL 32904 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/17/1991	
				4. FEI Number 59-3077565 Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROSSITTO, JULIE J. 108 FONTAINE ST. FLORIDANA BEACH FL 32951		10. Name and Address of New Registered Agent 81 Name ROSSITTO, JULIE J 82 Street Address (P.O. Box Number is Not Acceptable) 39-B PENNEY BRANCH WAY 83 WEST MELBOURNE, FL 32904 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	ROSSITTO, PAUL	1.2 NAME	ROSSITTO, PAUL
STREET ADDRESS	108 FONTAINE ST.	1.3 STREET ADDRESS	39-B PENNEY BRANCH WAY
CITY-ST-ZIP	FLORIDANA BEACH FL 32951	1.4 CITY-ST-ZIP	WEST MELBOURNE, FL 32904
TITLE	VP	2.1 TITLE	VP
NAME	ROSSITTO, JULIE	2.2 NAME	ROSSITTO, JULIE
STREET ADDRESS	108 FONTAINE ST.	2.3 STREET ADDRESS	39-B PENNEY BRANCH WAY
CITY-ST-ZIP	FLORIDANA BEACH FL 32951	2.4 CITY-ST-ZIP	WEST MELBOURNE, FL 32904
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: _____

DATE: _____

CR2E034 (10/97)