

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 13 1997 8:00am
Secretary of State

DOCUMENT # V29723 (6)
Corporation Name
COASTAL COMMUNICATION SYSTEMS INC.



Principal Place of Business
OCEAN BLVD.
PALM BEACH FL 33480
Mailing Address
P.O. BOX 15728
WEST PALM BEACH FL 33416-5728

3. Date Incorporated or Qualified
04/15/1992
3a. Date of Last Report
03/22/1996
4. FEI Number
65-0327584
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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Principal Place of Business
Suite, Apt. #, etc.
400 NORTH ATLANTIC BL
City & State
LANTANA FLORIDA
Country
33462
25
Palm Beach
29
30
2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

9. Name and Address of Current Registered Agent
CASAMASSINA, JOHN D.
3525 S. OCEAN BLVD.
#208
SOUTH PALM BEACH FL 33480

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
P
CASAMASSINA, JOHN
3525 S. OCEAN BLVD., #208
SOUTH PALM BEACH FL 33480
2. NAME
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CASAMASSINA, JOHN
400 N. ATLANTIC DRIVE
LANTANA, FLORIDA 33462
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6.1 TITLE
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6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97 561-252-1344
Date Daytime Phone #

CR2E034 (9/96)