

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

FILED

**Feb 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F42401 (2)

1. Corporation Name
COASTAL WHOLESALE, INC.



Principal Place of Business 1600 OLD OKEECHOBEE RD WEST PALM BEACH FL 33409 US	Mailing Address 1600 OLD OKEECHOBEE RD WEST PALM BEACH FL 33409-5226 US
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3. Date Incorporated or Qualified 08/27/1981		3a. Date of Last Report 02/29/1996	
2. Principal Place of Business 21	2a. Mailing Address 26 20 N ORANGE AVE.	4. FEI Number 59-2124732	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27 SUITE 200	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
City & State 23	City & State 28 ORLANDO, FLORIDA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip 24	Country 25	Zip 29 32801	Country 30 USA

9. Name and Address of Current Registered Agent ARNOLD, H CLAYTON 612 KINGFISH ROAD N PALM BEACH FL 33408		10. Name and Address of New Registered Agent	
81 Name		81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)		82 Street Address (P.O. Box Number is Not Acceptable)	
83		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARNOLD, GREGORY		1.2 NAME A STEWART HALL JR	
STREET ADDRESS 114 CAPE POINTE CIR		1.3 STREET ADDRESS 20 N ORANGE AVE STE 200	
CITY-ST-ZIP JUPITER FL		1.4 CITY-ST-ZIP ORLANDO FL 32801	
TITLE PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ARNOLD, H CLAYTON		2.2 NAME J STEPHEN ZEPF	
STREET ADDRESS 612 KINGFISH RD		2.3 STREET ADDRESS 20 N ORANGE AVE STE 200	
CITY-ST-ZIP N PALM BCH FL		2.4 CITY-ST-ZIP ORLANDO FL 32801	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE S/AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME JAY CLARK	
STREET ADDRESS		3.3 STREET ADDRESS 20 N ORANGE AVE STE 200	
CITY-ST-ZIP		3.4 CITY-ST-ZIP ORLANDO FL 32801	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME BENJAMIN P BUTTERFIELD	
STREET ADDRESS		4.3 STREET ADDRESS 20 N ORANGE AVE STE 200	
CITY-ST-ZIP		4.4 CITY-ST-ZIP ORLANDO FL 32801	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME DAVID H HUGHES	
STREET ADDRESS		5.3 STREET ADDRESS 20 N ORANGE AVE STE 200	
CITY-ST-ZIP		5.4 CITY-ST-ZIP ORLANDO FL 32801	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Jay Clark **JAY CLARK** 1/30/97 407-841-4755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)