

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # G73227

(2)

35 MAY 20 PM 10:15

COASTAL MANAGEMENT CORP. OF SOUTHWEST FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Name of Registrant: 317 N. COLLIER BLVD
P.O. BOX 1512
MARCO ISLAND FL 33969

Mailing Address: 317 N. COLLIER BLVD
P.O. BOX 1512
MARCO ISLAND FL 33969

DO NOT WRITE IN THIS SPACE

3. Date incorporated or organized	3a. Date of last report
12/12/1983	04/26/1994
4. FEI Number	Applied For Not Applicable
59-2355734	
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 the Florida Statutes	Yes No

2. Principal Name of Registrant	2a. Mailing Address
21	26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRAMER, FREDERICK C.
950 N COLLIER BLVD
MARCO ISLAND FL 33937

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 602, 603, and 604 of the 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 this appointment as registered agent. I am hereby accepting the appointment as Secretary of the Florida Statutes.

SIGNATURE

Signature of Secretary of State

FL

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
NAME: PST PURCELL, DAVID 317 N COLLIER BLVD MARCO ISLAND FL	1. NAME 2. NAME 3. NAME 4. NAME 5. NAME 6. NAME 7. NAME 8. NAME 9. NAME 10. NAME 11. NAME 12. NAME 13. NAME 14. NAME 15. NAME 16. NAME 17. NAME 18. NAME 19. NAME 20. NAME 21. NAME 22. NAME 23. NAME 24. NAME 25. NAME 26. NAME 27. NAME 28. NAME 29. NAME 30. NAME 31. NAME 32. NAME 33. NAME 34. NAME 35. NAME 36. NAME 37. NAME 38. NAME 39. NAME 40. NAME 41. NAME 42. NAME 43. NAME 44. NAME 45. NAME 46. NAME 47. NAME 48. NAME 49. NAME 50. NAME 51. NAME 52. NAME 53. NAME 54. NAME 55. NAME 56. NAME 57. NAME 58. NAME 59. NAME 60. NAME 61. NAME 62. NAME 63. NAME 64. NAME 65. NAME 66. NAME 67. NAME 68. NAME 69. NAME 70. NAME 71. NAME 72. NAME 73. NAME 74. NAME 75. NAME 76. NAME 77. NAME 78. NAME 79. NAME 80. NAME 81. NAME 82. NAME 83. NAME 84. NAME 85. NAME 86. NAME 87. NAME 88. NAME 89. NAME 90. NAME 91. NAME 92. NAME 93. NAME 94. NAME 95. NAME 96. NAME 97. NAME 98. NAME 99. NAME 100. NAME

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that I am not responsible for the information stated in this filing. I further certify that the information contained in this annual report or supplementary statement is true and correct 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 registered agent or have been authorized to make this report as required by Chapter 602, Florida Statutes, and that my name appears in Block 12 of this filing as required by an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

