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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jul 18 1997 8:00am

Secretary of State

DUL 294- 8500

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G73227

COASTAL MANAGEMENT CORP. OF SOUTHWEST FLORIDA

							######################################	
Principal Place of Business Mailing Address						I få britt satt innnn tilnin tinn sint dint dint dint annt armt nint fan.		
317 N. COLLIEF P.O. BOX 1512		P.O.	N. COLLIER BLVD BOX 1512 CO ISLAND FL 34146	: 1610				
MARCO ISLAND) FL 33909	MARK	NO ISPAND EF 94140	P1912		3. Date Incorporated or Qualified 12/12/1983	3a. Date of Last Report 04/22/1996	
2. Principal P	lace of Business	2a. N	Mailing Address			4. FEI Number	Applied For	
21		26	317_NCol	lier R	lvd	59-2355734	Not Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				\$8.75 Additional	
22		27	27			5. Certificate of Status Desired	Fee Required	
City & State	e	(City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28	28 Marco Island , Fl. 34145			.こ Trust Fund Contribution	Added to Fees	
Zip	Country	Z	Zip	Count	У	8. This corporation has liability for		
24	25		34145	30			Yes No	
g, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
KRAMER, FREDERICK C.			81 Name					
	n Collier BLVD		82 Street Ad			dress (P.O. Box Number is Not Acceptable)		
MAR	ICO ISLAND FL 33937			6	3			
				8	City		85 Zip Code	
ļ				ا ا	V Only		FL	
11. Pursuant office or r agent. La SIGNATURE	registered agent, or both, in the some familiar with, and accept the comparts of FREDERICK C. KRA	State of Florida obligations of, S MER	i. Such change was Section 607.0505, F	authorized I lorida Statut	by the corpo es.		-15-97	
40	Signature, typod or printed name of register	ed agent and title if a S AND DIRECT		116 Registered A	gent signaturé ré	equired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE PERS AND DIRECTORS IN 12	
12.	PST	S AND DIRECT	DELETE	1.1 TITLE	Т	ADDITIONS/CHANGES TO OFFIC	Change Addition	
NAME	PURCELL, DAVID		Corcer	1.2 NAMI				
STREET ADDRESS	317 N COLUER BLVD				T ADDRESS			
	MARCO ISLAND FL			1.4 CITY	}			
CITY-ST-ZIP TITLE	III III III III III III III III III II		☐ DELETE	2.1 TITLE			Change Addition	
NAME				2.2 NAM	- 1			
STREET ADDRESS					1 ADDRESS			
CITY-ST-ZIP				2. 4 CITY			•	
TITLE			DELETE	3.1 1111.6			Change Addition	
NAME				3.2 NAM	:			
STREET ADDRESS				3.3 STRE	ET ADDRESS			
CITY-ST-ZIP				3.4. CITY	- \$1 - Z(P			
TITLE			DELETE	4.1 Title			Change Addition	
NAME				4. 2 NAM	E			
STREET ADDRESS	:			4 3 S18E	ET ADDRESS			
CITY-ST-ZIP				4.4 DITY	ST-ZIP			
TITLE			☐ DELETE	5 1 TITLE			☐ Change ☐ Addition	
NAME				5.2 NAM	.		1	
STREET ADDRESS				53 STRE	ET ADDRESS :		· ·	
CITY-ST-ZIP				54 CITY	S1 - ZIP			
TITLE			☐ DELETE	61 TITLE			☐ Change ☐ Addition	
NAME				62 NAM			1	
CYDEET ADDRESS	l .			6.2 0100	LT ADDRESS			

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 the 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 trusted empewered 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 an attachment with an address.