FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J63854** **(0)**

1. Corporation Name
COASTAL CONTROLS, INC.

Principal Place of Business	Mailing Address
1717 SW 1ST WAY STE. 32 DEERFIELD BCH. FL 33441 US	1717 SW 1ST WAY STE. 32 DEERFIELD BCH. FL 33441 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/26/1987
3a. Date of Last Report: 08/12/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 County — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-2806295 [ ] 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 [X] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOHNSON, RICHARD W. JR 1717 SW 1ST WAY STE. 232 DEERFIELD BCH. FL 33441	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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 TITLE	[ ] Change [ ] Addition
NAME	JOHNSON, RICHARD W. JR	1 NAME	
STREET ADDRESS	1717 SW 1ST WAY, #32	1 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH. FL	1 CITY-ST-ZIP	
TITLE	D	2 TITLE	[ ] Change [ ] Addition
NAME	JOHNSON, ANNMARIE G.	2 NAME	
STREET ADDRESS	1717 SW 1ST WAY, #32	2 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH. FL	2 CITY-ST-ZIP	
TITLE		3 TITLE	[ ] Change [ ] Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	[ ] Change [ ] Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	[ ] Change [ ] Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 Date

305 422-5678 Daytime Phone #

0107666 CP