

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

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**May 23 1997 8:00am
Secretary of State**



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P95000070281 (7)

1. Corporation Name
COAST FLORIDA P.A.



Principal Place of Business
**25400 U.S. HIGHWAY 19
SUITE 255
CLEARWATER FL 34623**

Mailing Address
**25400 U.S. HIGHWAY 19
SUITE 255
CLEARWATER FL 34623-2144**

3. Date Incorporated or Qualified **09/12/1995** 3a. Date of Last Report **09/12/1996**

2. Principal Place of Business
21 **6200 Courtney Campbell**
Suite, Apt. #, etc.
22 **Suite 690**
City & State
23 **Tampa FL**
Zip
24 **33607** Country

2a. Mailing Address
26 **6200 Courtney Campbell Cswy**
Suite, Apt. #, etc.
27 **Suite 690**
City & State
28 **Tampa FL**
Zip
29 **33607** Country

4. FEI Number **59-3365515** 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

9. Name and Address of Current Registered Agent
**UCC FILING & SERACH SERVICES, INC.
528 EAST PARK AVENUE
SUITE 200
TALLAHASSEE FL 32301-2551**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIASTI, ADAM	1.2 NAME	
STREET ADDRESS	25499 U.S. HIGHWAY 19, SUITE 225	1.3 STREET ADDRESS	6200 Courtney Campbell Causeway
CITY-ST-ZIP	CLEARWATER FL 34623	1.4 CITY-ST-ZIP	Tampa FL 33607
TITLE	TCFO <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOSEPH R	2.2 NAME	
STREET ADDRESS	25400 U.S. HIGHWAY 19, SUITE 225	2.3 STREET ADDRESS	6200 Courtney Campbell Causeway
CITY-ST-ZIP	CLEARWATER FL 34623	2.4 CITY-ST-ZIP	Tampa FL 33607
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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: Adam Diasti _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)