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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

L71676 DOCUMENT #
1. Corporation Name

(5)

COASTAL SERVICES, INC.

					4 0
Principal Place of Business	Mailing Address				
401 W. LANTANA ROAD	P.O. BOX 207 BOYNTON BEACH FL 33	495.0907			
STE. 5 Lantana Fl. 33462	DOTATION DENOTITE 33	723'0207	3. Date Incorporated or Qualified	3a. Date of Last Re	nort
US				04/24/1995	
2. Principal Place of Business	2a. Mailing Address		05/07/1990 4. FEI Number	<u> </u>	oplied For
1499 SW 30th Avenue	26		65-0193054	<u></u>	lot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional lequired
22 Suite 26	City & State		6. Election Campaign Financing		May Be
City & State	28		Trust Fund Contribution		to Fees
23 Boynton Beach, F1 Zip Country	Zip	Country	8. This corporation has liability for		199.032
24 33426 25 USA	29	30		No.	
9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New F	Registered Agent	
_		-			
MAGUIRE, MARIE			Idress (P.O. Box Number is Not Acceptate	ble)	
401 W LANTANA RD		1499 83	SW 30th Avenue		
LANTANA FL 33462		Suit	e 26		
		84 City	tan Barah		Code 3426
11. Pursuant to the provisions of Sections 607.0	502 and £07.1508. Florida Statutes	a the above popular com	ton Beach poration submits this statement for the pu	mose of changing its re	edistered office
 Pursuant to the provisions of Sections 607.0 or registered agent, or both, in the State of F familiar with, and accept the obligations of, S 	Jorida, Such change was authorize	d by the corporation's bo	pard of directors. I hereby append the app	pointment as registered	agent. Lam
familiar with, and accept the obligations o , s	Section 607.0000, Florida Statutes				
SIGNATURE Signature, typed or profeed name of registered a	agust a st tide flappilsable (NOT	© Registered Agent signature requ		DATE	
Signature, typed or protect name of registered a	AND DIRECTORS	E. Registered Agent signature requ.	and when remaiding. ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTO	
Signature, typed or printed name of registered a					RS IN 12
12. OFFICERS TITLE DP MAGUIRE, MARIE	AND DIRECTORS DELETE	13. 1 1 T.TLE 1 2 NAME	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTO TO Change	
12. OFFICERS TITLE DP NAME MAGUIRE, MARIE STREFT ADDRESS 401 W. LANTANA RD., ST	AND DIRECTORS DELETE	13. 1 1.T.TLE 1 2 NAME 1 3 STREET ADDRESS	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTO (M) Change Suite 26	
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SIGNATURE: Marie Maguire, President Mail Maguire, SIGNATURE: Marie Maguire, President Maguire, SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR ASSESSMENT.

4/18/96

A LABORISTO DEL ESCOS SIGNA DONO SEDIO DICIO DICIO

(407)364-8452