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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

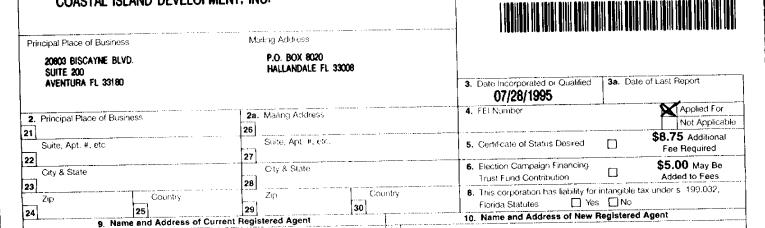
DIVISION OF CORPORATIONS

1996 DOCUMENT # P95000058792 (9)

Corporation Name

SCHNEIDEER, ALAN B

COASTAL ISLAND DEVELOPMENT, INC.



20803 BISCAYNE BLVD. SUITE 200	83	
AVENTURA FL 33180	84	City FL 85 Zip Code
Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above the statutes of the sections of the section of the sections of the section	l ove⊹ coci	Internet corporation submits this statement for the purpose of changing its registered office soration's board of directors. I hereby accept the appointment as registered agent. I am

81 Name

82

Street Address (P.O. Box Number is Not Acceptable)

or registered familiar with.	agent, or both, in the State of Horidal Such change was authorized, and accept the coligations of, Section 607,0505, Florida Statutes	ed by the curporation's boar ·	(LD) directors. Thereby accept the appointment as registers against
DIONIATURE		of 1 - Projectored Agent Syrod to terpored	dikiner remutatiya DATE
	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PSTD DELETE	1 11116	Change Addition
	LEPINE, NORMAND F	12 NAME	
NAME DIRECT ADDRESS	20803 BISCAYNE BLVD., SUITE 200	1.3 STHEET ADDRESS	
STREET ADDRESS	AVENTURA FL 33180	1.4 C+1 r - S1 - Z+P	
CITY - ST - ZIP	VD DELFIE	2 1 TITLE	Change Addition
	LEPINE, RENE H	2.2 NAME	
NAME	20803 BISCAYNE BLVD., SUITE 200	2.3 STREET ADORESS	
STREET ADDRESS	AVENTURA FL 33180	2.4 CITY - \$1 - 7IP	
CITY-ST-ZIP TITLE	DELETE	3 1 TillsE .	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STHEET ADDRESS	
		34 CGY \$1-2IP	
CHY-S?-ZIP TITLE	DELETE	4 1 1:TLE	
NAME	_	4.2 NAME 4	800001898008 Addition -07/18/9601047039
		4.3 STREET ADDRESS	***225.00
STREET ADDRESS		4.4.0 (1.Y - ST. ZIP	
CITY-ST-ZIP	DELETE	5 1 TITLE	Change Addition
NAME		5.2 NAME	
		5.3 STREET ADDRESS	1. Cal
STREET ADDRESS		5.4 CITY - \$1 - ZIP	0 1/16
CITY - ST - ZIP	DELETE	6 1 TIF.F	Chân Addition
		6.2 NAME	' fr
NAME expect apprece		63 STREET ADDRESS	J
STREET ADDRESS		6.4 C(Ty - S1 - 7)P	

64 City-St-ZIP

14. If 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)(k). Florida Statutes. If further certify that the information indicated on this ground report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this ground report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver or trustify empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 14 or Block 15 or Block 15

SIGNATURE:

FIGHE OFFICER OF DIRECTOR

305-435688