

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 403144 (9)

1. Corporation Name
COAST REAL ESTATE, INC



Principal Place of Business
**523 S WASHINGTON BLVD
SARASOTA FL 34236-7104**

Mailing Address
**523 S WASHINGTON BLVD
SARASOTA FL 34236-7104**

2. Principal Place of Business

2a. Mailing Address

21 Subst. Apt. #, etc.

26 Subst. Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

g. Name and Address of Current Registered Agent

**SEYMOUR SY SHERR
523 SOUTH WASHINGTON BLVD
SARASOTA, FL
34236**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
06/14/1972

3a. Date of Last Report
04/25/1995

4. FET Number
59-1439154

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

10. Name and Address of New Registered Agent

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 I accept the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	SHERR, LINDA B.	
STREET ADDRESS	523 S WASHINGTON BLVD	
CITY-ST-ZIP	SARASOTA, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SEYMOUR SY SHERR	
STREET ADDRESS	523 S WASHINGTON BLVD	
CITY-ST-ZIP	SARASOTA, FL 00000 04	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> DELETE
NAME		
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

11 NAME	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 NAME	
22 STREET ADDRESS	
23 CITY-ST-ZIP	
31 NAME	
32 STREET ADDRESS	
33 CITY-ST-ZIP	
41 NAME	
42 STREET ADDRESS	
43 CITY-ST-ZIP	
51 NAME	
52 STREET ADDRESS	
53 CITY-ST-ZIP	
61 NAME	
62 STREET ADDRESS	
63 CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I do hereby certify that the information is true. If it does not qualify for the exemption stated in Section 119.07(3)(k), 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 entrusted to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Seymour Sy Sherr

3/16/96

941-955-4111

CR2E034 (12/95)