

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

FILED  
Feb 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 498608 (9)  
1. Corporation Name  
COASTAL STEEL, INC.

Principal Place of Business Mailing Address  
LOT #1 CONTRACTORS ROW. P.O. BOX 22153 P.O. BOX 22153  
LAKE BUENA VISTA FL 32830 LAKE BUENA VISTA FL 32830



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/10/1976	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1662541	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				X \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				X Yes	
				No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
COXWELL, PHILLIP 480 RIVER MOORING DRIVE MERRITT ISLAND FL 32953		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 Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	COXWELL, PHILLIP V	1.2 NAME	
STREET ADDRESS	480 RIVER MOORINGS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	
NAME	HOLMES, GREGORY T	2.2 NAME	
STREET ADDRESS	4505 LEE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32926	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	COXWELL, DALE P	3.2 NAME	
STREET ADDRESS	244 ANDROS AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 Gregory T. Holmes 2/13/98 407-827-4309

CR2E034 (10/97)