

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 505097 (6)

1. Corporation Name
COASTAL MANAGEMENT SYSTEMS, INC.



Principal Place of Business: C/O HAROLD S. WILSON, P.A. 18514 U.S. HWY. 19 NORTH, SUITE E CLEARWATER FL 34624
Mailing Address: C/O HAROLD S. WILSON, P.A. 18514 U.S. HWY. 19 NORTH, SUITE E CLEARWATER FL 34624

3. Date Incorporated or Qualified: 06/14/1976
3a. Date of Last Report: 03/24/1995
4. FBI Number: 59-2302973
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

2. Principal Place of Business: 21. Suite Apt. #, etc.; 22. City & State; 23. Zip; 24. Country; 25. Country
2a. Mailing Address: 26. Suite, Apt. #, etc.; 27. City & State; 28. Zip; 29. Country; 30. Country
9. Name and Address of Current Registered Agent

WILSON, HAROLD S
18514 US HWY. 19 NORTH
SUITE E
CLEARWATER FL 34624

81. Name; 82. Street Address (P.O. Box Number is Not Acceptable); 83.; 84. City; 85. Zip Code: FL

11. Pursuant to the provisions of Sections 607.0522 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: Myrick, Donald L. (Signature)
OFFICERS AND DIRECTORS: 12. TITLE, NAME, STREET ADDRESS, CITY-STATE-ZIP. Includes Myrick, Donald L. and Wilson, Harold S.
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 13. 1-63. Includes fields for title, name, street address, city-state-zip with checkboxes for Change/Addition/Delete.

14. I 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(9)(g), 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 trustee 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: *Harold S. Wilson* as Attorney in Fact for Coastal Management Systems, Inc. (813)524-3427

CR2E034 (12/95)