

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90054 048 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **515351**

1. Corporation Name

COASTAL INVESTMENTS CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1414 N.W. 107TH AVENUE
 SUITE 215
 MIAMI FL 33172-2741
 US**

Mailing Address
**P.O. BOX 758
 MIAMI FL 33265
 US**

3. Date Incorporated or Qualified

09/29/1976

4. FEI Number

59-1691738

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 owes the current year Intangible Personal Property Tax. Yes No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 **13876 S.W. 56 STREET**

2a. Mailing Address

26 **13876 S.W. 56 STREET**

Suite, Apt., etc.

22 **SUITE 256**

Suite, Apt., etc.

27 **SUITE 256**

City & State

23 **MIAMI, FL**

City & State

28 **MIAMI, FL**

Zip

24 **33175**

County

25 **MIAMI-DADE**

Zip

29 **33175**

County

30 **MIAMI-DADE**

9. Name and Address of Current Registered Agent

**SCOTT, ARTHUR R.
 6526 KENDAL LAKES DR
 UNIT 1405
 MIAMI FL 33183**

81 Name

SCOTT, ARTHUR R.

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

13876 S.W. 56 STREET - SUITE 256

83

84 City

MIAMI

FL

85 Zip Code

33175

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 **Arthur R. Scott**

(NOTE: Registered Agent signature required when reinstating)

2-26-99

DATE

12. OFFICERS AND DIRECTORS

TITLE **DTP** DELETE
 NAME **SCOTT, ARTHUR R**
 STREET ADDRESS **1414 N.W. 107TH AVENUE, SUITE 215**
 CITY-ST-ZIP **MIAMI, FL 00000**

TITLE **SVD** DELETE
 NAME **WEST, R C**
 STREET ADDRESS **1414 N.W. 107TH AVENUE, SUITE 215**
 CITY-ST-ZIP **MIAMI, FL 00000**

TITLE **D** DELETE
 NAME **ERICKSON, G C**
 STREET ADDRESS **1414 N.W. 107TH AVENUE, SUITE 215**
 CITY-ST-ZIP **MIAMI FL**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR, PRESIDENT** Change Addition
 1.2 NAME **SCOTT, ARTHUR R.**
 1.3 STREET ADDRESS **13876 S.W. 56 STREET - SUITE 256**
 1.4 CITY-ST-ZIP **MIAMI, FL 33175**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS **← DELETE**
 2.4 CITY-ST-ZIP

3.1 TITLE **DIRECTOR, SECRETARY** Change Addition
 3.2 NAME **ERICKSON, G.C.**
 3.3 STREET ADDRESS **13876 S.W. 56 STREET - SUITE 256**
 3.4 CITY-ST-ZIP **MIAMI, FL 33175**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE: **Arthur R. Scott**

2-26-99

3053872500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)