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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATI

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 545528

(2)

COASTAL COMMERCIAL BUILDERS, INC.

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**FILED** 

Feb 06 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address  12536 SPRING HILL DRIVE 12536 SPRING HILL DRIVE UNITE B-2 UNITE B-2 SPRING HILL FL 34609 SPRING HILL FL 34609-5000					
		¥		3. Date Incorporated or Qualified 09/19/1977	3a. Date of Last Report 04/05/1996
2. Principal Pla 21 2082	TUNISIA AVENUE	2a. Mailing Address	nisia Avenue	4. FEI Number 59-1765348	Applied For Not Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	11:111	6. Election Campaign Financing	\$5.00 May Be
23 DP[1]	Country	28 JOT 119	Hill FI Country	Trust Fund Contribution  8. This corporation has liability for i	Added to Fees
24 3460	25	29 84609	30	Florida Statutes	Yes No
A1 8 1	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
12538 SPRING HILL DR SPRING HILL FL 34609  82 Street Address (P.O. Box Number is Not Acceptable) 3083 TUDISIO AVENUE  84 City Tid Hill FL 85 Zip Code 3 3 4 609					
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 profed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating).  DATE					
12.	Signature, typed or persted name of registered agent OFFICERS AND		NOTE: Registered Agent signature require	ed when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	OLIVA, VINCENT W.		12 NAME	was hierie.	-
STREET ADDRESS	12536 SPRING HILL DR		1.3 STREET ADDRESS 30	ea Tunisia Avenue	
CITY-ST-ZIF	SPRING HILL FL	T se se	1.4 CITY - ST - ZIP		□ <b>□ □ □ □ □ □ □ □</b>
TITLE		∐ DELETE	2.1 TITLE		Change Addition
NAME DIRECT ARROSTOR			2.2 NAME 2.3 Street adoress		
STREET ADDRESS CITY-ST-ZIP			2. 4 CITY - ST - ZIP	x.,4	
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TOTLE		L DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
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TITLE			5.2 NAME		En outlier En vocilier
NAME CTOCCT ANNOCCE			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		<del></del>
STREET ADDRESS	e e		6.3 STREET ADORESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I do hereb	by certify that the information supplied	with this filing los not qu		in Section 119.07(3)(i), Florida Statute	s. 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 color poration of the report of the report of the color poration of the report of the report of the color poration of the report of the report of the color poration of the report of the report of the color poration of the report of the report of the color poration of the report of the report of the color poration of the report of the report of the color poration of the report of the report of the color poration of the report of t

SIGNATURE:

E AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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