

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

FILED

Apr 09 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 # 578060 (6)
1. Corporation Name
COASTLAND BUILDING CORP.

Principal Place of Business
4966 TAMiami TRAIL N.
NAPLES FL 33940

Mailing Address
4966 TAMiami TRAIL N.
NAPLES FL 33940



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1379 Wood Duck TRAIL Suite, Apt. #, etc. 22 City & State NAPLES FL Zip 34109 Country USA		2a. Mailing Address 26 PO BOX 11448 Suite, Apt. #, etc. 27 City & State NAPLES FL Zip 34101 Country USA		3. Date Incorporated or Qualified 07/07/1978	
				4. FEI Number 59-1842549 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FINE, ROGER H 1445 GALLEON DR. P.O. BOX 11026 NAPLES FL 33940				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
P	FINE, ROGER H		
	1445 GALLEON DR. P.O. BOX 11026	1.3 STREET ADDRESS	
	NAPLES, FL 00000	1.4 CITY-ST-ZIP	
D	FINE, HELENA A	2.1 TITLE	
	1445 GALLEON DR. P.O. BOX 11026	2.2 NAME	
	NAPLES, FL 00000	2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		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.

SIGNATURE:

Roger H. Fine

4/3/98

941-573-9822

CR2E034 (10/97)