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04-21-1999 90106 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 666550

1. Corporation Name
COASTAL STATES INVESTIGATIONS, INC.

Principal Place of Business	Mailing Address
29296 US 19 NO STE 207 CLEARWATER FL 34621 US	29296 US 19 NO STE 207 CLEARWATER FL 34621 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/11/1980

4. FEI Number: 59-2031731 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

2. Principal Place of Business	2a. Mailing Address
21 1534 HAVERHILL DRIVE	26 1534 HAVERHILL DRIVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 NEW PORT RICHEY, FLORIDA	28 NEW PORT RICHEY, FL.
24 Zip 34655 25 Country USA	29 Zip 34655 30 Country USA

9. Name and Address of Current Registered Agent

SCHWALJE, GERARD R.
29296 US 19 NO
STE 207
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name: MICHAEL F. WEISS
82 Street Address (P.O. Box Number is Not Acceptable): 1534 HAVERHILL DRIVE
83
84 City: NEW PORT RICHEY FL 85 Zip Code: 34655

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: Michael F. WEISS — DATE: 4/12/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVPT	☐ DELETE	1.1 TITLE	PRES	☒ Change ☐ Addition
NAME	SCHWALJE, GERARD R.		1.2 NAME	MICHAEL F. WEISS	
STREET ADDRESS	29296 US 19 NO, STE 207		1.3 STREET ADDRESS	1534 HAVERHILL DRIVE	
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
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		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE: Michael F. Weiss RE MICHAEL F. Weiss — 4/12/99 — 727-375-8989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)