

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **669585** (2)
1. Corporation Name
COASTAL COMPUTER CORPORATION



Principal Place of Business
**6100 WINKLER RD
STE A
FT. MYERS FL 33919
US**

Mailing Address
**6100 WINKLER RD
STE A
FT. MYERS FL 33919
US**

2. Principal Place of Business
21 State Apt #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 State Apt #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**SLAY, GEORGE H.
6100 WINKLER ROAD, STE A
FT. MYERS FL 33919**

3. Date Incorporated or Qualified **05/09/1980**
3a. Date of Last Report **02/02/1995**

4. FET Number **65-0099528**
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 has liability for intangible tax under s. 199.032 Florida Statutes Yes No

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 **FL**

11. Pursuant to the provisions of Sections 607.01-02 and 607.1501, 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 607.01(2)(b), Florida Statutes.

SIGNATURE _____ DATE _____
OF OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE	13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE	31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE	41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE	51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP <input type="checkbox"/> DELETE	61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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(3)(k), 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 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 checked on the attachment with an X please

SIGNATURE: *George H. Slay*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96 941-481-6464

CR2E034 (12/95)