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Sep 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mathams Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 708801 (6)
1. Corporation Name
COASTAL PLAYERS, INC.



Principal Place of Business 183 TEQUESTA DR TEQUESTA FL 33469 US	Mailing Address P. O. BOX 1641 N/A JUPITER FL 33468-1641 US
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2. Principal Place of Business 21 NONE		2a. Mailing Address 26 P.O. Box 1641		3. Date Incorporated or Qualified 04/13/1965		3a. Date of Last Report 04/25/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-6504634		Applied For Not Applicable	
City & State 23		City & State 28 Jupiter FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 29 33468		Country 30 Palm Beach		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent WHITE, CHARLES R.L. 725 N. AIA SUITE E-102 JUPITER FL 33477				10. Name and Address of New Registered Agent 81 Name: Royce Emley 82 Street Address (P.O. Box Number is Not Acceptable) 4915 CARIBBEAN CT 83 84 City TEQUESTA FL 85 Zip Code 33469			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Royce Emley DATE MAY 15/97
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 DT	<input checked="" type="checkbox"/> DELETE BLANEY, DONALD A. 328 JUPITER LAKES BLVD JUPITER FL	1.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANSCHUTZ, RICHARD	<input checked="" type="checkbox"/> DELETE 10158 SE ACORN WAY TEQUESTA FL	1.2 NAME JUDIE WIKOY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS DP	<input type="checkbox"/> DELETE EMLEY, SUSAN	1.3 STREET ADDRESS 19795 CASHWOOD DR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP D	<input type="checkbox"/> DELETE JOSEPHSON, BEVERLY	1.4 CITY-ST-ZIP JUPITER, FL 33458	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> DELETE MCPOLAND, PATRICK	2.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROYCE EMLEY	<input type="checkbox"/> DELETE 4915 CARIBBEAN CT	2.2 NAME GRETA BERLIN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS TEQUESTA FL 33469		2.3 STREET ADDRESS 116 RAINWOOD CIRCLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		2.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DT	<input type="checkbox"/> DELETE	3.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DT	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DT	<input type="checkbox"/> DELETE	6.1 TITLE TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Royce Emley DATE 10/97

CR2E037 (9/96)