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**FILED**  
**Feb 12, 1999 8:00 am**  
**Secretary of State**

02-12-1999 90006 008 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # F48842**

1. Corporation Name  
**COASTAL REVEGETATION, INC.**

Principal Place of Business  
 5 NE 2ND STREET  
 DELRAY BEACH FL 33444

Mailing Address  
 5 NE 2ND STREET  
 DELRAY BEACH FL 33444



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/27/1981

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
 59-2140483

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing, Trust Fund Contribution  \$5.00 May Be Added to Fees

24

25

29

30

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REEDER, PAMELA B.  
 5 NE 2ND STREET  
 DELRAY BEACH FL 33444

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating).

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                   |
|----------------------------|---------------------|---|-----------------------------------|
| TITLE                      | NAME                | 1.1 TITLE   | 1.2 NAME                          |
| PT                         | REEDER, PAMELA B.   | <input type="checkbox"/> Change                       | <input type="checkbox"/> Addition |
| 5 NE 2ND ST                | 5 NE 2ND ST         | 1.3 STREET ADDRESS                                    | 1.4 CITY-ST-ZIP                   |
| DELRAY BEACH FL            | DELRAY BEACH FL     | 2.1 TITLE   | 2.2 NAME                          |
|                            |                     | <input type="checkbox"/> Change                       | <input type="checkbox"/> Addition |
| VS                         | BELLANTE, DANIEL D. | 2.3 STREET ADDRESS                                    | 2.4 CITY-ST-ZIP                   |
| 5 NE 2ND ST                | 5 NE 2ND ST         | 3.1 TITLE   | 3.2 NAME                          |
| DELRAY BEACH FL            | DELRAY BEACH FL     | <input type="checkbox"/> Change                       | <input type="checkbox"/> Addition |
|                            |                     | 3.3 STREET ADDRESS                                    | 3.4 CITY-ST-ZIP                   |
|                            |                     | 4.1 TITLE   | 4.2 NAME                          |
|                            |                     | <input type="checkbox"/> Change                       | <input type="checkbox"/> Addition |
|                            |                     | 4.3 STREET ADDRESS                                    | 4.4 CITY-ST-ZIP                   |
|                            |                     | 5.1 TITLE   | 5.2 NAME                          |
|                            |                     | <input type="checkbox"/> Change                       | <input type="checkbox"/> Addition |
|                            |                     | 5.3 STREET ADDRESS                                    | 5.4 CITY-ST-ZIP                   |
|                            |                     | 6.1 TITLE   | 6.2 NAME                          |
|                            |                     | <input type="checkbox"/> Change                       | <input type="checkbox"/> Addition |
|                            |                     | 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, with all other like empowered.

SIGNATURE *PAMELA B. REEDER* **REQUIRED** 1/25/99 561-495-0198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)