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May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **F95000000504 (9)**

1. Corporation Name
COASTAL CAPITAL MORTGAGE CORP.

Principal Place of Business	Mailing Address
366 N. BROADWAY SUITE 111 JERICHO NY 11753-2000 US	366 N. BROADWAY SUITE 111 JERICHO NY 11753-2000 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/30/1995	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 11-2924685	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BLOCK, WAYNE B PA 9300 S. DADELAND BLVD., STE. 308 MIAMI FL 33156	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GALE, MITCHEL		1.2 NAME		
STREET ADDRESS	21 MAPLE RUN		1.3 STREET ADDRESS		
CITY-ST-ZIP	JERICHO NY 11753		1.4 CITY-ST-ZIP		
TITLE	DST	☒ DELETE	2.1 TITLE	DST	☒ Change ☐ Addition
NAME	JASON, BERNARD A		2.2 NAME	Paul Sneed	
STREET ADDRESS	24 HIGHRIDGE ROAD		2.3 STREET ADDRESS	9 Fireplace Dr.	
CITY-ST-ZIP	NEW ROCHELLE NY 10804		2.4 CITY-ST-ZIP	Kings Park 11754	
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRESALIER, BONNIE		3.2 NAME		
STREET ADDRESS	10 SHELBOURNE LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	COMMACK NY 11725		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BLOCK, WAYNE B		4.2 NAME		
STREET ADDRESS	600 BLUE RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146		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		JC517
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	600002520706	
STREET ADDRESS			6.3 STREET ADDRESS	-05/12/98--01076--022	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00	

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 _____ 4/30/98

CR2E034 (10/97)