

FILED



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

May 06 1997 8:00am
Secretary of State

DOCUMENT # G53727 (5)
1. Corporation Name
COASTAL EQUITY & DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
 B&C CORPORATE SERVICES OF CENTRAL FL 990 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO FL 32801 	 B&C CORPORATE SERVICES OF CENTRAL FL 990 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO FL 32801-1641

3. Date Incorporated or Qualified 08/08/1983		3a. Date of Last Report 03/18/1996			
4. FEI Number 59-2634743		<table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For					
Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
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

**B&C CORPORATE SERVICES OF CENTRAL FL
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

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:

INQTS: Registered Agent signature required when reinstating.

DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GINSBURG, ALAN
STREET ADDRESS	2200 LUCIEN WAY #450
CITY - ST - ZIP	MATT AND FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

SIGNATURE

SIGNATURE: DAVID H. ROSEN 11/21/97 4471660-1115

CR2E034 (9/96)