

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K39759** (1)  
1. Corporation Name  
**COASTAL CONSTRUCTION OF MONROE, INC.**

Principal Place of Business	Mailing Address
790 NW 107 AVE. STE. 308 MIAMI FL 33172	790 NW 107 AVE. STE. 308 MIAMI FL 33172



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/17/1988</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number Pursuant to QSSS <del>65-0876927</del> <b>65-0802683</b>	
22	City & State	27	City & State	Applied For <input checked="" type="checkbox"/> Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CORPCO, INC.</b> <b>2699 S. BAYSHORE DR.</b> <b>7TH FLOOR</b> <b>MIAMI FL 33133</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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			
TITLE	DPS	<input type="checkbox"/> DELETE		1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHY JR, THOMAS P			1.2 NAME	THOMAS P. MURPHY, JR.		
STREET ADDRESS	790 NW 107 AVE 308			1.3 STREET ADDRESS	790 NW 107 Ave., Ste. 308		
CITY-ST-ZIP	MIAMI FL 33172			1.4 CITY-ST-ZIP	Miami, FL 33172		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				2.2 NAME	DAN WHITEMAN		
STREET ADDRESS				2.3 STREET ADDRESS	790 NW 107 Ave., Ste. 308		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	Miami, FL 33172		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	RON VAUGHN		
STREET ADDRESS				3.3 STREET ADDRESS	790 NW 107 Ave., Ste. 308		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Miami, FL 33172		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	JOHN M. MURPHY		
STREET ADDRESS				4.3 STREET ADDRESS	790 NW 107 Ave., Ste. 308		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Miami, FL 33172		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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)(f), 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: *Ronald Vaughn* **RON VAUGHN, Secretary** 1/28/98 (305) 559-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0237662

CR2E034 (10/97)