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

**PROFIT CORPORATION ANNUAL REPORT** 1998 DOCUMENT #



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

K44463

(3)

COASTAL SOUTHWEST PROPERTIES, INC.

## **FILED** Apr 03 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1625 W MARION AVENUE #6 1625 W MARION AVENUE #6 PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/02/1988 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 65-0082882 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional K 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. Yes Yes 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WEBB, SANKEY E., III 1625 W. MARION AVE., SUITE 6 82 Street Address (P.O. Box Number is Not Acceptable) **PUNTA GORDA FL 33950** 63 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change BISHOP, BRAD E. NAME 1.2 NAME 12077 SW KINGSWAY CIR STREET ADDRESS 1.3 STREET ADDRESS LAKE SUZY FL CITY - ST - ZIP 1.4 City - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE MCQUEEN, ROBERT N. NAME 2.2 NAME 1625 W. MARION AVE. STREET ADDRESS 2.3 STREET ADDRESS PUNTA GORDA FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 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 after regerver or trustese 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, profile a statutes.

SIGNATURE:

CITY-ST-ZIP