


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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L25700 (0) 1. Corporation Name COASTAL RESORTS INTERNATIONAL, INC.					
Principal Place of Business 4030 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228			Mailing Address 4030 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228-2604		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/26/1989	
21 Suite, Apt #, etc		26 Suite, Apt #, etc.		3a. Date of Last Report 02/02/1996	
22 City & State		27 City & State		4. FEI Number 59-2972569	
23 Zip		28 Zip		Applied For Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent GAUSE, PEYTON 1717 2ND ST SUITE G SUITE 404 SARASOTA FL 34236			10. Name and Address of New Registered Agent		
81 Name MIKE MORAN			82 Street Address (P.O. Box Number is Not Acceptable) 1800 2ND STREET SUITE 850		
83			84 City SARASOTA		
85 Zip Code 34236			86		
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 Mike Moran DATE 4-17-97					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP PS STARR, LARRY, CHARLES 4030 GULF OF MEXICO DR. LONGBOAT KEY FL			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP VPR BEVINS, DON 4030 GULF OF MEXICO DR. LONGBOAT KEY FL			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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: Charles Starr C.L. STARR 4-17-97 9413839505					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)