FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # L57959 (3)

1. Corporation Name
COAST FINANCIAL SERVICES INC.

Principal Place of Business
C/O MICHAEL E. SANDS
P.O. BOX 272157
BOCA RATON FL 33427

Mailing Address
C/O MICHAEL E. SANDS
P.O. BOX 272157
BOCA RATON FL 33427

3. Date Incorporated or Qualified 03/13/1990
3a. Date of Last Report 07/25/1995

2. Principal Place of Business
21 c/o Michael E. Sands
Suite, Apt. #, etc.
22 P.O. Box 16550
City & State
23 W. Palm Beach, FL
Zip 24 33416 County 25 Palm Bch

2a. Mailing Address
26 P.O. Box 16550
Suite, Apt. #, etc.
27
City & State
28 W. Palm Beach, FL
Zip 29 33416 County 30 Palm Bch

4. FEI Number 65-0179418 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

SANDS, DENISE E
800 E GREENSWORD CT
STE I-104
DELRAY BCH FL 33445

10. **Name and Address of New Registered Agent**

81 Name Sands, Denise E.
82 Street Address (P.O. Box Number is Not Acceptable) 5078 Willow Pond Rd W
83
84 City W. Palm Beach FL 85 Zip Code 33417

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 Denise E Sands DATE 1/20/96

12. OFFICERS AND DIRECTORS

TITLE	PDVS	☐ DELETE
NAME	SANDS, MICHAEL E.	
STREET ADDRESS	P O BOX 272157 NA	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	P.O. Box 16550	
1.4 CITY-ST-ZIP	W. Palm Beach, FL 33416	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Michael Sands
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/20/96 Daytime Phone # 407-279-0202

CR2E034 (12/95)