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Jun 19 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Morheim</b> Secretary of State DIVISION OF CORPORATIONS
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<b>DOCUMENT #</b> 1. Corporation Name	<b>L57959</b>
<b>Coast Financial Services Inc.</b>	

<b>Principal Place of Business</b> c/o Michael E Sands P.O. Box 16550 W. Palm Bch, FL 33416	<b>Mailing Address</b> c/o Michael E Sands P.O. Box 16550 W. Palm Bch, FL 33416
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<b>2. Principal Place of Business</b> <b>21 c/o Michael Sands</b> Suite, Apt. #, etc. <b>22 W. Palm Bch, FL</b> City & State <b>23 W. Palm Bch, FL</b> Zip <b>24 33416</b>	<b>2a. Mailing Address</b> <b>26 PO Box 16550</b> Suite, Apt. #, etc. <b>27 W. Palm Bch, FL</b> City & State <b>28 W. Palm Bch, FL</b> Zip <b>29 33416</b>
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<b>3. Date Incorporated or Qualified</b> <b>03/13/1990</b>	<b>3a. Date of Last Report</b> <b>2/9/96</b>
<b>4. FEI Number</b> <b>65-0179418</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> Sands, Denise E 5078 Willow Pond Rd. W W. Palm Bch, FL 33417	
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<b>10. Name and Address of New Registered Agent</b>	
<b>81 Name</b> <b>Sands, Denise E</b>	<b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>5078 Willow Pond Rd. W.</b>
<b>83</b>	<b>84 City</b> <b>W. Palm Bch</b>
<b>85 Zip Code</b> <b>FL 33417</b>	

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* (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PVDS</b> <b>Sands, Michael E</b> <b>P. O. Box 16550</b> <b>W. Palm Bch, FL 33416</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY-ST-ZIP</b>	<b>PDVS</b> <b>Sands, Michael E</b> <b>5078 Willow Pond Rd W.</b> <b>W. Palm Beach, FL 33417</b>
<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael E. Sands* 5/20/97 (561)688-1683  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)