
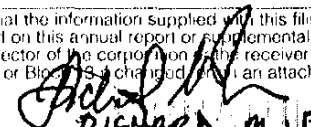


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 05 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 # L64626 (9) 1. Corporation Name: COASTAL-FORBIS, INC.			
Principal Place of Business P.O. BOX 858 PONTE VEDRA BEACH FL 32002		Mailing Address 1510A S. 2ND ST. JACKSONVILLE BCH. FL 32250 US	
2. Principal Place of Business 21 1510A S 2ND ST Suite, Apt. #, etc. 22 City & State 23 Jacksonville Beach FL Zip Country 24 32250 USA		2a. Mailing Address 26 1510A S 2ND ST Suite, Apt. #, etc. 27 City & State 28 Jacksonville Beach FL Zip Country 29 32250 USA	
3. Date Incorporated or Qualified 04/12/1990		3a. Date of Last Report 04/11/1996	
4. FEI Number 59-3027312		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent BARTLETT, BARON L. 615 HIGHWAY A1A, SUITE 101 PONTE VEDRA BEACH FL 32082		10. Name and Address of New Registered Agent 81 Name Baron L. Bartlett 82 Street Address (P.O. Box Number is Not Acceptable) 50 Hwy A1A Suite 103 83 84 City Ponte Vedra Bch FL 85 Zip Code 32082	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	FORBIS, RICHARD M.		
STREET ADDRESS	P O BOX 858 N/A		
CITY-ST-ZIP	PONTE VEDRA BCH FL		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	FORBIS, CAROLINE F.		
STREET ADDRESS	P O BOX 858 N/A		
CITY-ST-ZIP	PONTE VEDRA BCH FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	Forbis, Richard M.		
1.3 STREET ADDRESS	197 San Juan Dr		
1.4 CITY-ST-ZIP	Ponte Vedra Bch FL 32082		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	Forbis, Caroline F.		
2.3 STREET ADDRESS	197 San Juan Dr		
2.4 CITY-ST-ZIP	Ponte Vedra Bch FL 32082		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 as changed, and, an attachment with an address.			
SIGNATURE:  RICHARD M. FORBIS		2/20/97 (904) 247-9100 Date Daytime Phone	



CR2E034 (9/96)