

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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L87111** (5)
1. Corporation Name
COASTAL REALTY SALES, INC.



Principal Place of Business 3401 N TAMiami TRAIL SUITE 208 NAPLES FL 33940 US	Mailing Address 3401 N TAMiami TRAIL SUITE 208 NAPLES FL 34103-3746 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. Suite 207 22 City & State 23 Zip 34103 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. Suite 207 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 07/11/1990	3a. Date of Last Report 03/30/1996
4. FEI Number 59-2072560 65-0272527	Applied For 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
~~GAUGE, PEYTON~~
~~2 N TAMiami TRAIL, 1 SARASOTA TR STE 404~~
~~SARASOTA FL 34238~~

10. Name and Address of New Registered Agent
81 Name **Don Bevins**
82 Street Address (P.O. Box Number is Not Acceptable)
3401 N. Tamiami Tr. #207
83
84 City **Naples** FL 85 Zip Code **34103**

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  **Donald C. Bevins** 4/2/97
Signature of officer or director of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	BEVINS, DON	
STREET ADDRESS	3401 N TAMiami TRAIL, STE. 208	
CITY-ST-ZIP	NAPLES FL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	STARR, CHARLES L.	
STREET ADDRESS	4030 GULF OF MEXICO DR.	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BEVINS, DONALD	
STREET ADDRESS	4030 GULF OF MEXICO DR.	
CITY-ST-ZIP	LONGBOAT KEY 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	DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bevins, Donald	
1.3 STREET ADDRESS	3401 N. Tamiami Tr. #207	
1.4 CITY-ST-ZIP	Naples, FL 34103	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 if changed or on an attachment with an address.

SIGNATURE:  **Donald C. Bevins** 4/2/97 941-261-7577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)