FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # M42549 (9)

1. Corporate Name
COASTAL EXPEDITERS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address
3 MOSSY COVE DRIVE
LORIDA FL 33857

Mailing Address
3 MOSSY COVE DRIVE
LORIDA FL 33857

(Order Will Be Filed Here)

3. Date Corporation Formed: 12/03/1986
3a. Date of Last Report: 05/31/1994

2. Principal Place of Business
21

2a. Mailing Address
26

Suite Apt. #
22

Suite Apt. #
27

City, State
23

City, State
28

24 25 29 30

4. FEI Number: 59-2742585 — 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. Does corporate qualify for exemption to payment of Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
GILBERTSON, CAROLYN
3 MOSSY COVE DRIVE
LORIDA FL 33857

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.1008, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or resident 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

12. OFFICERS AND DIRECTORS

Title	PD
Name	GILBERTSON, CAROLYN
Street Address	3 MOSSY COVE DRIVE
City, State, Zip	LORIDA FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	PD [X] Change [ ] Addition
Name	Gilbertson, Carolyn
Street Address	119 Lime Rd. NE
City, State, Zip	Lake Placid, Fl. 33852

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same force and 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 of this report or is added to the report by an amendment.

SIGNATURE: Carolyn L. Gilbertson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95

941-699-9927
Area Code & Daytime Telephone Number

0446031 FP