SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST [illegible], [illegible].
AMOUNT DUE ON OR BEFORE [illegible]: [illegible] (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: [illegible])

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9: 18

DOCUMENT # M65885 (9)

1. Corporation Name
COASTAL STABILIZATION, INC.

Principal Place of Business	Mailing Address
7701 INTERBAY BV PO BOX 13790 TAMPA FL 33616	7701 INTERBAY BV PO BOX 13790 TAMPA FL 33616

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified: **01/19/1988**
3a. Date of Last Report: **06/29/1994**
4. FEI Number: **65-0038250** ☐ 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	10. Name and Address of New Registered Agent
MUELLER, JOHN H. 215 E. MADISON ST., 7TH FLOOR TAMPA FL 33602	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 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 ______ Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CPD	1 1 TITLE: Delete, Officer + Director Has Retired ☑ Change ☐ Addition
NAME	LENZ, ROBERT G.	1 2 NAME
STREET ADDRESS	6928 SE HARBOR CR	1 3 STREET ADDRESS
CITY ST ZIP	STUART FL	1 4 CITY ST ZIP
TITLE	VD	2 1 TITLE: President + Director ☑ Change ☑ Addition
NAME	DONOHOE, JOHN F.	2 2 NAME
STREET ADDRESS	21 CONISTON RD	2 3 STREET ADDRESS
CITY ST ZIP	SHORT HILLS FL	2 4 CITY ST ZIP
TITLE	V	3 1 TITLE ☐ Change ☐ Addition
NAME	MCCANN, JOSEPH	3 2 NAME
STREET ADDRESS	25 WALSINGHAM ROAD	3 3 STREET ADDRESS
CITY ST ZIP	MENDHAM NJ	3 4 CITY ST ZIP
TITLE	STD	4 1 TITLE ☐ Change ☐ Addition
NAME	TELESMANICH, RICHARD C.	4 2 NAME
STREET ADDRESS	100 STICKLE AVE.	4 3 STREET ADDRESS
CITY ST ZIP	ROCKAWAY NJ	4 4 CITY ST ZIP
TITLE	AS	5 1 TITLE ☐ Change ☐ Addition
NAME	TEUNE, PETER	5 2 NAME
STREET ADDRESS	185 CEDAR LAKE ROAD	5 3 STREET ADDRESS
CITY ST ZIP	BLAIRSTOWN NJ	5 4 CITY ST ZIP
TITLE	D	6 1 TITLE ☐ Change ☐ Addition
NAME	CORWIN, ARTHUR	6 2 NAME
STREET ADDRESS	4 HASTINGS ROAD	6 3 STREET ADDRESS
CITY ST ZIP	MORRIS PLAINS NJ	6 4 CITY ST ZIP

CR2E034 (3/95)

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard C. Telesmanick
6-6-95 DATE 201/627-2100 DAYTIME PHONE

0100794 CP