


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

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M65885 (9) 1. Corporation Name COASTAL STABILIZATION, INC.			
Principal Place of Business 7701 INTERBAY BV PO BOX 13798 TAMPA FL 33616		Mailing Address 7701 INTERBAY BV PO BOX 13798 TAMPA FL 33616	



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/19/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0038259	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MUELLER, JOHN H 111 MADISON STREET, STE. 2300 TAMPA FL 33602				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOHUE, JOHN F	1.2 NAME	
STREET ADDRESS	21 CONISTON RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	SHORT HILLS FL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCANN, JOSEPH	2.2 NAME	
STREET ADDRESS	25 WALSINGHAM ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MENDHAM NJ	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TELESMANICH, RICHARD C	3.2 NAME	
STREET ADDRESS	100 STICKLE AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ROCKAWAY NJ	3.4 CITY - ST - ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEUNE, PETER	4.2 NAME	
STREET ADDRESS	185 CEDAR LAKE ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	BLAIRSTOWN NJ	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORWIN, ARTHUR	5.2 NAME	
STREET ADDRESS	4 HASTINGS ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	MORRIS PLAINS NJ	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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 to this report.

SIGNATURE:

REQUIRED

1/15/98

(973) 627-2100

(X-220)

CR2E034 (10/97)