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Feb 10, 1999 8:00am
Secretary of State

02-10-1999 90046 012 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M65885

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

3. Date Incorporated or Qualified

01/19/1988

4. FEI Number

65-0038259

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 owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUELLER, JOHN H
111 MADISON STREET, STE. 2300
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 PD
NAME DONOHUE, JOHN F
STREET ADDRESS 21 CONISTON RD
CITY-ST-ZIP SHORT HILLS FL

DELETE

TITLE V
NAME MCCANN, JOSEPH
STREET ADDRESS 25 WALSINGHAM ROAD
CITY-ST-ZIP MENDHAM NJ

DELETE

TITLE STD
NAME TELESMANICH, RICHARD C.
STREET ADDRESS 100 STICKLE AVE.
CITY-ST-ZIP ROCKAWAY NJ

DELETE

TITLE AS
NAME TEUNE, PETER
STREET ADDRESS 185 CEDAR LAKE ROAD
CITY-ST-ZIP BLAIRSTOWN NJ

DELETE

TITLE D
NAME CORWIN, ARTHUR
STREET ADDRESS 4 HASTINGS ROAD
CITY-ST-ZIP MORRIS PLAINS NJ

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/99

(973) 627-2100

Date

Daytime Phone #

CR2E034 (11/98)