


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

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M74989** (8)
1. Corporation Name
COASTAL CARS, INC.



Principal Place of Business 552 CASSAT AVE. JACKSONVILLE FL 32205 5024 Rosselle St Jax FL 32254	Mailing Address 552 CASSAT AVE. JACKSONVILLE FL 32205 5024 Rosselle St Jax FL 32254
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/01/1988	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2877814		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		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 LLOYD, J K 552 CASSAT AVE JACKSONVILLE FL 32205		10. Name and Address of New Registered Agent	
		81 Name Joan Lloyd	
		82 Street Address (P.O. Box Number is Not Acceptable) 5024 Rosselle St	
		83	
		84 City Jacksonville	85 Zip Code FL 32254

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 Joan Lloyd Joan Lloyd **3-14-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Pres, Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LLOYD, JAMES K		1.2 NAME Joan Lloyd	
STREET ADDRESS 552 CASSAT AVE.		1.3 STREET ADDRESS 5024 Rosselle St	
CITY-ST-ZIP JACKSONVILLE FL 32254		1.4 CITY-ST-ZIP Jacksonville FL 32254	
TITLE VS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LLOYD, JOAN		2.2 NAME Laura Lloyd	
STREET ADDRESS 552 CASSAT AVE.		2.3 STREET ADDRESS 11th St 3719 Jose Ter	
CITY-ST-ZIP JACKSONVILLE FL 32254		2.4 CITY-ST-ZIP Jax FL 32217	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 with an address.

SIGNATURE: Sandra Morham Joan Lloyd **7-25-98 90478-8899**

CR2E034 (10/97)