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Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **M85674** (3)

1. Corporation Name
COASTAL AUTO GROUP, INC.



Principal Place of Business
**4260 S. WASHINGTON AVE.
TITUSVILLE FL 32780**

Mailing Address
**4260 S. WASHINGTON AVE.
TITUSVILLE FL 32780-6644**

3. Date Incorporated or Qualified 06/07/1988	3a. Date of Last Report 02/27/1996
4. FEI Number 59-2892710	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1012 S. Hopkins Suite, Apt. #, etc.	2a. Mailing Address 26 1012 S. Hopkins Suite, Apt. #, etc.
22 City & State Titusville FL	27 City & State Titusville FL
23 Zip 32780	28 Zip 32780
24 Country	29 Country

9. Name and Address of Current Registered Agent

**LEFKOWITZ, IVAN M.
430 NORTH MILLS AVENUE
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DVS	<input type="checkbox"/> DELETE	11 TITLE DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BECKER, JOSEPH W.		12 NAME Becker, Joseph W.	
STREET ADDRESS 4260 S. WASHINGTON AVE.		13 STREET ADDRESS 1012 S. Hopkins Ave	
CITY-ST-ZIP TITUSVILLE FL		14 CITY-ST-ZIP Titusville FL	
TITLE DPT	<input type="checkbox"/> DELETE	21 TITLE DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ESHENRODER, DON O.		22 NAME Eshenroder, Don O.	
STREET ADDRESS 4260 S. WASHINGTON AVE.		23 STREET ADDRESS 1012 S. Hopkins Ave	
CITY-ST-ZIP TITUSVILLE FL		24 CITY-ST-ZIP TITUSVILLE FL	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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: _____ SIGNATURE REQUIRED **2-25-97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)