


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

FILED
May 14 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P21809 (9)
1. Corporation Name
COASTAL MARINE DEVELOPMENT, INC.



Principal Place of Business
2300 SE OCEAN BLVD
STE A4-118
STUART FL 34996
US

Mailing Address
2300 SE OCEAN BLVD
STE A4-118
STUART FL 34996-3342
US

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| 3. Date Incorporated or Qualified 11/17/1988 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 04-2638633 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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|--|---|
| 2. Principal Place of Business 21 1236 S. OCEAN BLVD Suite, Apt. #, etc. | 2a. Mailing Address 26 1236 S. OCEAN BLVD Suite, Apt. #, etc. |
| 22 | 27 |
| 23 City & State FT. LAUDERDALE, FL | 28 City & State FT. LAUDERDALE, FL |
| 24 Zip 33316 | 29 Country U.S. |
| 25 | 30 |

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| 9. Name and Address of Current Registered Agent KOPELOWITZ, HARVEY 750 SOUTHEAST 3RD AVENUE, STE 100 FT. LAUDERDALE FL 33316 | 10. Name and Address of New Registered Agent 81 Name KOPELOWITZ, HARVEY 82 Street Address (P.O. Box Number is Not Acceptable) 312 SE 17th St. 83 2nd Floor 84 City FT. LAUDERDALE FL 85 Zip Code 33316 |
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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 NAME STREET ADDRESS CITY-ST-ZIP | PD ROBINSON, M. GREGG 3893 SW WHISPERING SOUND DR. PALM CITY FL | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 34990 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DOMINIC, A. ELIZABETH 3893 SW WHISPERING SOUND DR. PALM CITY FL | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 34990. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MURDOCK, FREDERICK W., JR 527 BROADWAY SALEM NH | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *M. Gregg Robinson* 4-25-97 934-525-541

CR2E034 (9/96)