

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P23577** (0)
1. Corporation Name
COASTAL BARGE CORPORATION



Principal Place of Business 2170 W STATE RD 434 STE 420 LONGWOOD FL 32779 US	Mailing Address 2170 W STATE RD 434 STE 420 LONGWOOD FL 32778-4993 US
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3. Date Incorporated or Qualified 03/27/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2045223	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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2101 W. STATE Rd 434 Suite, Apt #, etc. 22 Suite 103 City & State 23 Longwood, FL Zip 24 32779 Country 25 Seminole	2a. Mailing Address 26 2101 W. STATE Rd. 434 Suite, Apt #, etc. 27 Suite 103 City & State 28 Longwood, FL Zip 29 32779 Country 30 Seminole
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9. Name and Address of Current Registered Agent DOWD, E M 2170 STATE RD 434 STE 420 LONGWOOD FL 32779	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2101 WEST S.R. 434, Suite 103 83 84 City Longwood FL 85 Zip Code 32779
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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  DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCES <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWD, E. MICHAEL	1.2 NAME	
STREET ADDRESS	2170 W STATE RD 434 STE 420	1.3 STREET ADDRESS	2101 West S.R. 434, Suite 103
CITY - ST - ZIP	LONGWOOD FL	1.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JOAN E.	2.2 NAME	
STREET ADDRESS	2170 W STATE RD 434 STE 420	2.3 STREET ADDRESS	2101 West S.R. 434, Suite 103
CITY - ST - ZIP	LONGWOOD FL	2.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWD, D. D	3.2 NAME	
STREET ADDRESS	2170 W STATE RD 434 STE 420	3.3 STREET ADDRESS	2101 West S.R. 434, Suite 103
CITY - ST - ZIP	LONGWOOD FL	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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0072753

CR2E034 (9/96)