FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9:52

DOCUMENT # **P39182** (1)

1. Corporation Name
TRI-COASTAL CORP.

Principal Place of Business	Mailing Address
% JOHN ROCCA 4712 WHITE TAIL LANE SARASOTA FL 34238	% JOHN ROCCA 4712 WHITE TAIL LANE SARASOTA FL 34238

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/09/1992
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

4. FEI Number: 22-3172899
Applied For / Not Applicable

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

City & State (23):
City & State (28):

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

Zip (24):
County (25):
Zip (29):
County (30):

8. The corporation has liability for intangibles tax under ch. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

ROCCA, JOHN
4712 WHITE TAIL LANE
SARASOTA FL 34238

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Section 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:
Typed or printed name of registered agent and title if applicable — Registered Agent's signature required if changing — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PCT	11 TITLE	[ ] Change [ ] Addition
NAME	ROCCA, JOHN	12 NAME	
STREET ADDRESS	4712 WHITE TAIL LANE	13 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL 34238	14 CITY ST ZIP	
TITLE	VOV	21 TITLE	VCV [X] Change [ ] Addition
NAME	GREIF, NORMAN	22 NAME	ANDREA C ROCCA
STREET ADDRESS	16 HARBOR HILL DRIVE	23 STREET ADDRESS	4712 WHITE TAIL LANE
CITY ST ZIP	LLOYD HARBOR NY	24 CITY ST ZIP	SARASOTA FL 34238
TITLE	S	31 TITLE	S [X] Change [ ] Addition
NAME	GREIF, NORMAN	32 NAME	CRISTY A ROCCA
STREET ADDRESS	16 HARBOR HILL DRIVE	33 STREET ADDRESS	4712 WHITE TAIL LANE
CITY ST ZIP	LLOYD HARBOR NY	34 CITY ST ZIP	SARASOTA FL 34238
TITLE		41 TITLE	D [ ] Change [X] Addition
NAME		42 NAME	JANINE A ROCCA
STREET ADDRESS		43 STREET ADDRESS	4712 WHITE TAIL LANE
CITY ST ZIP		44 CITY ST ZIP	SARASOTA FL 34238
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	[ ] Change [ ] 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 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: John C Rocca — John A Rocca 1/13/95 941-921-4931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0143624 CP