

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

APPROVED
AND
FILED

SEAL - 1 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P39298** (5)

1. Corporation Name

COASTAL FUNDING CORPORATION

Principal Place of Business

**192 SOUTH DUPONT HIGHWAY
NEW CASTLE DE 19720**

Mailing Address

**192 SOUTH DUPONT HIGHWAY
NEW CASTLE DE 19720**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1992

3a. Date of Last Report

02/28/1994

4. FEI Number

51-0328587

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 193.132

Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH HUSLEY & BUSEY
C/O JAMES H. POST
1800 FIRST UNION BANK TOWER, 225 WATER ST.
JACKSONVILLE FL 32202**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.1304, 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 of Registered Agent or Registered Agent for the Corporation

Signature of Registered Agent or Registered Agent for the Corporation

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PS
NAME	FIORIO, JOHN
STREET ADDRESS	194 S. DUPONT HIGHWAY
CITY, ST., ZIP	NEW CASTLE DE
TITLE	CD
NAME	FIORIO, JOHN
STREET ADDRESS	194 S. DUPONT HIGHWAY
CITY, ST., ZIP	NEW CASTLE DE
TITLE	T
NAME	HORNE, JUDY
STREET ADDRESS	8 LYNCH FARM DRIVE
CITY, ST., ZIP	NEWARK DE
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST., ZIP	

1. TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST., ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST., ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST., ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST., ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST., ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST., ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 addition.

SIGNATURE:

Coastal Funding Corporation
[Signature]
SIGNATURE AND TYPE PRINTED NAME OF BOILING OFFICER OR DIRECTOR

4/6/95

Signature File No. 8