

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

FILED

Feb 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
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DOCUMENT # **P39298** (5)
1. Corporation Name
COASTAL FUNDING CORPORATION



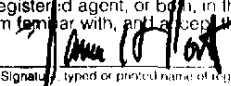
Principal Place of Business 182 SOUTH DUPONT HIGHWAY NEW CASTLE DE 19720	Mailing Address 192 SOUTH DUPONT HIGHWAY NEW CASTLE DE 19720-4149
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3. Date Incorporated or Qualified 06/18/1992	3a. Date of Last Report 07/25/1996
4. FEI Number 51-0328587	Applied 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. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 24 West 3rd Street Suite, Apt. #, etc. 22 City & State 23 Older New Castle DE Zip 24 19720 Country 25	2a. Mailing Address 26 24 West 3rd Street Suite, Apt. #, etc. 27 City & State 28 Older New Castle DE Zip 29 19720 Country 30
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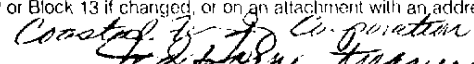
9. Name and Address of Current Registered Agent SMITH HUSLEY & BUSEY C/O JAMES H. POST 1800 FIRST UNION BANK TOWER, 225 WATER ST. JACKSONVILLE FL 32202	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  **2/4/97**
Signature typed or printed name of registered agent and the applicable date (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	FIOR, JOHN	1.2 NAME	FIOR, JOHN
STREET ADDRESS	194 S. DUPONT HIGHWAY	1.3 STREET ADDRESS	31 Water Street
CITY-ST-ZIP	NEW CASTLE DE	1.4 CITY-ST-ZIP	Myrtle Ct 06355
TITLE	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	FIOR, JOHN	2.2 NAME	FIOR, JOHN
STREET ADDRESS	194 S. DUPONT HIGHWAY	2.3 STREET ADDRESS	31 Water St.
CITY-ST-ZIP	NEW CASTLE DE	2.4 CITY-ST-ZIP	Myrtle Ct 06355
TITLE	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	HORNE, JUDY	3.2 NAME	HORNE, JUDY
STREET ADDRESS	8 LYNCH FARM DRIVE	3.3 STREET ADDRESS	1401 Box 1030
CITY-ST-ZIP	NEWARK DE	3.4 CITY-ST-ZIP	Copbury, Pa 16624
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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:  **1/30/97** **814 766 2191**

CR2E034 (9/96)