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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

DOCUMENT # **P39298** **(5)**

1. Corporation Name
COASTAL FUNDING CORPORATION

Principal Place of Business	Mailing Address
~~192 SOUTH DUPONT HIGHWAY~~ ~~NEW CASTLE DE 19720~~	192 SOUTH DUPONT HIGHWAY NEW CASTLE DE 19720-4149

3. Date Incorporated or Qualified: 06/18/1992
3a. Date of Last Report: 07/25/1996

2. Principal Place of Business
21: 24 West 3rd Street
22: Suite, Apt. #, etc.
23: City & State: Olde New Castle DE
24: Zip: 19720
25: Country:

2a. Mailing Address
26: 24 West 3rd Street
27: Suite, Apt. #, etc
28: City & State: Olde New Castle De
29: Zip: 19720
30: Country:

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

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

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] 2/4/97
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	PS	☐ DELETE	1.1 TITLE	PS	☒ Change ☐ Addition
NAME	FIORE, JOHN		1.2 NAME	Fiore, 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	Mystic CT 06355	
TITLE	CD	☐ DELETE	2.1 TITLE	CD	☒ Change ☐ Addition
NAME	FIORE, JOHN		2.2 NAME	Fiore, 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	Mystic CT 06355	
TITLE	T	☐ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	HORNE, JUDY		3.2 NAME	Horne, Judy	
STREET ADDRESS	8 LYNCH FARM DRIVE		3.3 STREET ADDRESS	RD1 Box 1030	
CITY-ST-ZIP	NEWARK DE		3.4 CITY-ST-ZIP	Coatesburg 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		

CR2E034 (9/96)

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: Coastal Funding Corporation [signature] 1/30/97 814-766-2191