

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P40347** (7)
1. Corporation Name
COASTAL ENVIRONMENTAL, INC.



Principal Place of Business: **9800 4TH STREET NORTH SUITE 108 ST. PETERSBURG FL 33702 US**
Mailing Address: **1099 WINTERSON ROAD, SUITE 190 LINTHICUM MD 21090**

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
9. Name and Address of Current Registered Agent
ROBISON, DOUGLAS E. 1516 EDEN ISLE BLVD., NE ST. PETERSBURG FL 33704

3. Date Incorporated or Qualified: **09/04/1992** 3a. Date of Last Report: **08/14/1995**
4. FEI Number: **52-1513000** Applied For: Not Applicable
5. Certificate of Status Desired: **XX** \$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
10. Name and Address of New Registered Agent

81 Name: **CT CORPORATION SYSTEM**
82 Street Address (P.O. Box Number is Not Acceptable): **1200 South Pine Island Road**
83 City & State: **Plantation, FL 33324**
84 City: **Plantation, FL** 85 Zip Code: **33324**

11. Pursuant to the provisions of Sections 607.0500 and 607.1500, 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, the undersigned, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE: **Douglas E. Robison/Office Manager** *Douglas E. Robison* 4-15-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, FRED, PH.D.	2. NAME	
STREET ADDRESS	1099 WINTERSON RD., #130	3. STREET ADDRESS	
CITY-STATE-ZIP	LINTHICUM MD 16	4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP	5. TITLE	
NAME	WAXMAN, PH.D. J	6. NAME	
STREET ADDRESS	2 RESEARCH WAY	7. STREET ADDRESS	
CITY-STATE-ZIP	PRINCETON NJ	8. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	STD	9. TITLE	
NAME	HEIMBUCH, DOUGLAS	10. NAME	
STREET ADDRESS	1099 WINTERSON RD., #130	11. STREET ADDRESS	
CITY-STATE-ZIP	LINTHICUM MD 16	12. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		13. TITLE	
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-STATE-ZIP		16. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		17. TITLE	
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-STATE-ZIP		20. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(3)(k), 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: **Fred Jacobs, Ph.D./President** *Fred Jacobs* (410) 684-3324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)