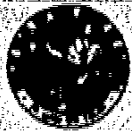


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995



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

95 APR 19 AM 2:23

DOCUMENT # P92000012294 (4)

1. Corporation Name
COCONUT PONTE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 3767
COCOA FL 32924

P.O. BOX 3767
COCOA FL 32924

DO NOT WRITE IN THIS SPACE:

3. Date Incorporated or Qualified: **12/16/1992**
3a. Date of Last Report: **02/11/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3150697		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		30 Country		9. This corporation has liability for intangible tax under S. 190.032, Florida Statutes	
25 Country		30 Country				Yes <input type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEEPLS, JAMES W III
505 NORTH ORLANDO AVE.
COCOA BEACH FL 32932-0757

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRSCHENBAUM, MALCOLM R	1.2 NAME	
STREET ADDRESS	P.O. BOX 3767 N/A	1.3 STREET ADDRESS	
CITY - ST - ZIP	COCOA FL 32924	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, JASON	2.2 NAME	
STREET ADDRESS	325 FIFTH AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	INDIALANTIC FL 32903	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUARRE, SHERRI	3.2 NAME	
STREET ADDRESS	801 PINE STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE BEACH FL 32951	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEEPLS, JAMES III W	4.2 NAME	
STREET ADDRESS	505 N ORLANDO AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	COCOA BEACH FL 32931	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 from an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12, 1995

407 + 632-4936

Malcolm R. Kirschenbaum, President