


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

FILED
Apr 18 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 # P93000021274 (4)
 1. Corporation Name
COASTAL VINYL REPAIR INC.



Principal Place of Business 2085 BOWIE ST. PORT ST. LUCIE FL 34952	Mailing Address 2085 BOWIE ST. PORT ST. LUCIE FL 34952-6804
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21 2. Principal Place of Business Suite, Apt. #, etc.	26 2b. Mailing Address Suite, Apt. #, etc.
22 23 City & State	27 28 City & State
24 24 Zip	25 25 Country
29 29 Zip	30 30 Country

3 3. Date Incorporated or Qualified 03/17/1993	3a. 3a. Date of Last Report 04/04/1996
4. 4. FEI Number 65-0406506	Applied For <input type="checkbox"/> Not Applicable
5. 5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

POLLARD, ROBERT
2085 BOWIE ST
PORT ST. LUCIE FL 34952

10. Name and Address of New Registered Agent

81 81 Name
82 82 Street Address (P.O. Box Number is Not Acceptable)
83 83
84 84 City
85 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	POLLARD, ROBERT	
STREET ADDRESS	2085 BOWIE ST.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 *Robert Pollard* **SIGNATURE REQUIRED** *Pollard* **DATE** *4-14-97* **DAYTIME PHONE #** *561-337-4619*

CR2E034 (9/96)