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Apr 15 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 # P93000070218 (1)
1. Corporation Name

FLORIDA COASTAL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
4701 N. FED. HWY. SUITE 322 LIGHTHOUSE POINT FL 33064 US	PO BOX 265 DEERFIELD BEACH FL 33443-0265 US

3. Date Incorporated or Qualified	3a. Date of Last Report
09/27/1993	02/20/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	65-0107362	☐ Applied For
			☐ Not Applicable

Suite, Apt. #, etc. [22] / Suite, Apt. #, etc. [27]

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State [23] / City & State [28]

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip [24] Country [25] / Zip [29] Country [30]

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STEWART, DENNIS ESQ. 630 SOUTH STATE ROAD 7 MARGATE FL 33068	81 Name LYNNE K. HENNESSEY, Esquire 82 Street Address (P.O. Box Number is Not Acceptable) 2255 Glades Road #326A 83 84 City Boca Raton FL 85 Zip Code 33431

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 _Lynne K Hennessey_ Lynne K Hennessey 4/7/97
(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 D	☐ DELETE 1.1 TITLE	☐ Change ☐ Addition
NAME SWENSON, AVIS	1.2 NAME	
STREET ADDRESS 265 SE 10 STREET #5	1.3 STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BEACH FL	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE 2.1 TITLE	☐ Change ☐ Addition
NAME	2.2 NAME	
STREET ADDRESS	2.3 STREET ADDRESS	
CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE 3.1 TITLE	☐ Change ☐ Addition
NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-ZIP	3.4 CITY-ST-ZIP	
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	4/15/97
CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE 6.1 TITLE	☐ Change ☐ Addition
NAME	6.2 NAME	00000214570
STREET ADDRESS	6.3 STREET ADDRESS	-04/17/97--01005--030
CITY-ST-ZIP	6.4 CITY-ST-ZIP	***165.00

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: _Avis Swenson_ Avis Swenson 4/7/97 954-942-____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0343567