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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000071937 (4)

1. Corporation Name

COASTAL PROPERTIES, INC.



Principal Place of Business

6278 N. FEDERAL HWY., SUITE 553
FORT LAUDERDALE FL 33308

Mailing Address

6278 N. FEDERAL HWY., SUITE 553
FORT LAUDERDALE FL 33308

2. Principal Place of Business

2a. Mailing Address

21 6700 N. Andrews Av.

26 6700 N. Andrews Av.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 201

27 Suite 201

City & State

City & State

23 Ft. Lauderdale

28 Ft. Lauderdale

Zip

Country

Zip

Country

24 33309

25 USA

29 33309

30 USA

9. Name and Address of Current Registered Agent

BANKS, NICHOLAS M.
2701 NE 4TH ST
POMPANO BCH. FL 33062

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 obligation of, Section 607.0509, Florida Statutes.

SIGNATURE

(Signature of person providing this information is required for all filings.)

NICHOLAS M. BANKS, PRES.

(Print Name of Agent/Signer in Block 13 if not a Director)

4/26/96

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PV
BANKS, NICHOLAS M.
2701 NE 4TH ST
POMPANO BCH. FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ST
BANKS, ASHLEY A.
2701 NE 4TH ST.
POMPANO BCH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICHOLAS M. BANKS

PRES.

4/26/96

DATE

954-771-8778

Daytime Phone #

CR2E034 (12/95)