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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P9400076083 (2)

COASTAL	REAL	ESTATE	SALES,	INC.	
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Principal Place of Business
4030 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228

Mailing Address

4030 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228



					10/17/1994	02/20/1995	
. 2. Principat P 21	face of Business			4. FEI Number 65-0530352		Applied For Not Applicable	
Suite, Apt		Suile, Apt. #, etc.			5. Certificate of Status Desired	1 1	5 Additional Required
Gity & Stat		City & State			6. Election Campaign Financing Trust Fund Contribution	1 1	May Be
Zip	Country 25	Ζιρ 29	Country 30		8. This corporation has liability for in Florida Statutes Yes	□ No	199.032,
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	egistered Agent	
	, CHARLES L III		81		Iress (P.O. Box Number is Not Acceptable	~)	
	BULF OF MEXICO DRIVE BOAT KEY FL 34228		83	Stieet Add	1988 (1.0. DOX NUMBER IS NOT Acceptable		,,,,,
			84	City		FI 85 Z	ip Code
	to the provisions of Sections 607,0502 red agent, or both, in the State of Floric ith, and accept the obligations of, Section in the state of registers agent.	on 607.0505, Florida Statutes		oration s boa	oration submits this statement for the purp and of directors. I hereby accept the appo	intment as registered	registered offic d agent. I am
2.	OFFICERS AN:		13.	it signartire require	ADDITIONS/CHANGES TO OFFIC	DATE DEDC AND DIDECTO	VOC IN 10
ILF	DS	DELETE	1 1 TITLE	<u></u>	ADDITIONS/OFFINGES TO OFFIC	Change	Addition
M:	STARR, CHARLES L III	_	1.2 NAME			Criange	
RELLADORESS	4030 GULF OF MEXICO DRIV	E	13 STREET	ADDRESS			
TY - \$1 - 71F	LONGBOAT KEY FL		14 CITY-S				
ri F	D	DELFTE	2 1 1/fLF	11-21		Change	Addition
Μt	BEVINS, DONALD		2.2 NAME			onlings	
RELEADURESS	4030 GULF OF MEXICO DRIV	E	2 3 S1REET	ADDRESS			
x - \$1 - 2 00	LONGBOAT KEY FL 34228		2.4 CHTY - S				
ı F	P	DELETE	3 1 TITLE	<u>` </u>		☐ Change	Addition
Mt	ABBOTT, CRAIG STEVEN		3.2 NAME			<u> </u>	
REFEACIORESS	4030 GULF OF MEXICO DR		33 STREET	I ADDRESS			
t 51 Ze	LONGBOAT KEY FL		3.4 CITY - S				
tF.		☐ DELETE	4 1 TITLE	:		☐ Change	☐ Addition
ME.			4.2 NAME				
RELEADORESS			43 STREET	ADDRESS			
y - \$4 - 20			4.4 CITY-S	T - 7IP			
LF		☐ DELETE	5 1 TITLE			Change	☐ Addition
Mt			5 2 NAME				-
GEL ADDRESS			5 3 STREET	ADDRESS			
Y ST-ZIP	1		5 4 CITY - S	T-ZIP			
ţ.f		☐ DELETE	6 1 TITLE			Change	Addition
Mi			6.2 NAME	1			
BEET ADDRESS			6.3 STREET	ADDRESS			
1Y S1-7P			6.4 CITY - S	1 - ZIP			
I. I do hereb	by certify that the information supplied w	th this fling is voluntarily furn	ished and doe:	s not qualify f	for the exemption stated in Section 119.0	7(3)(k) Florida Statut	ac 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 comporation 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Servetory

1-29-96

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