**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400093999

1. Corporation Name

COASTAL MORTGAGE GROUP, INC.

Apr 30, 1999 8:00 am Secretary of State Katherine Harris 04-30-1999 90080 003 \*\*\*150.00

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Principal Place	e of Business	Mailing Addre	ess				1	18811891 119 1811 1	181) <b>(1</b> 71) <b>(8</b>	112 <b>1 1</b> 0121 <b>1 1</b> 221 <b>1</b>	1 <b>0108</b> 1111 <b>0</b>	jenia ij	1110 1811 1881
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US	FL 32300	US DEACH	FE 02300				3. Date I	ncorporated or					
							12/2	9/1994					
2. Principal P	Place of Business	2a. Mailing A	ddress				4. FEI Nu						ied For
21		26					<u>  59-3</u> ;	285726					Applicable
Suite, Apt.	#, etc.	Suite, Apt	t. #, etc.				5. Certifo	ate of Status D	Desired		-	DAd Requ	lditional uired
22 City & State	·	27   City & Sta	ate		<del></del>		6 Flection	n Campaign F	inancing				lay Be
23		28					L	Fund Contribut				led to	
Zip	Country	Zip		Coun	itry		8. This c	orporation owe	s the curr	ent year In			
24	25	29		30				nal Property Ta			Yes		∃No
	9. Name and Address of C	urrent Registered Age	nt	<u> </u>	81 (	Nama	10. Name	and Address	of New R	Registered	Agent		
HEN	IF, CINDIE L			),	•   '	Name	_						
l	D PALM BAY RD NE			[1	82	Street Add	dress (P.O. Box	Number is No	ot Accepta	ıble)			,
	TE 205			};	83		<del></del>						
PALI	M BAY FL 32905				$\perp$						(		
				};	84) (	City				FL	85	Zip Co	ode i
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, F	lorida Statute	es, the ab	ove-n	amed cor	rporation submi	ts this stateme	nt for the	purpose of	changing	g its re	gistered
office or r	registered agent, or both, in the im familiar with, and accept the	State of Florida, Such of obligations of, Section 60	nange was at 07.0505 Flor	uthorized	by the	e corpora	ition's board of	airectors. I ner	eny accet	or the appo	intitient a	s regi:	stered
			07.0000, 1 10	ilua Statui	ies.								
SIGNATURE									·····				
SIGNATURE	Signature, typed or printed name of register	red agent and title if applicable.		: Registered A		gnature requi	uired when reinstating		S TO OF	DATE FICERS AI	ND DIREC	CTOR	
SIGNATURE	OFFICER	red agent and title if applicable.		: Registered A	gent s	gnature requi		ONS/CHANGE	S TO OF		ND DIRE		S IN 12
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14. I 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 officer or director of the corporal Block 12 or Block 13 if changed

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZÎP

HING OFFICER OR DIRECTOR