

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000002739 (7)**

1. Corporation Name
COASTAL MEAT BROKERS, INC.

Principal Place of Business 1100 CLEVELAND ST STE 1404 CLEARWATER FL 34615 US	Mailing Address PO BOX 1147 CLEARWATER FL 34617 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12900 VONN RD #E203 Suite, Apt. #, etc. #E203 City & State LARGO, FL Zip 33774 Country		2a. Mailing Address 26 PO BOX 1147 Suite, Apt. #, etc. CLEARWATER FL 34617 City & State US Zip 33774 Country		3. Date Incorporated or Qualified 01/11/1995	
22 #E203		27		4. FEI Number 59-3285330	
23 LARGO, FL		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33774		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ANDERSON, S. LEE 1100 CLEVELAND ST, STE 1404 CLEARWATER FL 34615		10. Name and Address of New Registered Agent 81 Name EDWARD COSTELLO 82 Street Address (P.O. Box Number is Not Acceptable) 12900 VONN RD #E203 83 84 City LARGO FL 85 Zip Code 33774	
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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 *Edward Costello* **EDWARD COSTELLO** DATE **4-24-98**
Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P <input checked="" type="checkbox"/> DELETE	NAME ANDERSON, KENNETH R	1.1 TITLE PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1623 DALE CIRCLE S.	CITY-ST-ZIP DUNEDIN FL 34698	1.2 NAME EDWARD COSTELLO	
TITLE D <input checked="" type="checkbox"/> DELETE	NAME ANDERSON, S. LEE	1.3 STREET ADDRESS 12900 VONN RD #E203	
STREET ADDRESS 1623 DALE CIRCLE S.	CITY-ST-ZIP DUNEDIN FL 34698	1.4 CITY-ST-ZIP LARGO, FL 33774 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V <input type="checkbox"/> DELETE	NAME LEFEVRE, JOHN J	2.1 TITLE	
STREET ADDRESS 8186 CLAREMONT PL.	CITY-ST-ZIP PALM HARBOR FL 34683	2.2 NAME	
TITLE ST <input type="checkbox"/> DELETE	NAME GALAR, CYNTHIA M	2.3 STREET ADDRESS	
STREET ADDRESS 12900 131ST STREET N., STE. E203	CITY-ST-ZIP LARGO FL 34644	2.4 CITY-ST-ZIP	
TITLE D <input checked="" type="checkbox"/> DELETE	NAME COSTELLO, EDWARD	3.1 TITLE VICE PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 12900 131ST STREET N., STE. E203	CITY-ST-ZIP LARGO FL 34644	3.2 NAME John J. LEFEVRE	
TITLE	NAME	3.3 STREET ADDRESS 3186 CKARENIBT OK	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP PALM HARBOR, FL 34683 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	4.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Cynthia M. Galar* **CYNTHIA M. GALAR** DATE **4-24-98**

CR2E034 (10/97)