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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Scoretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE: _

DOCUMENT # P9500005088 (6)

COASTAL INSPECTION TECHNOLOGIES, INC.

CONOTAL MODE ESTICAL TESTINGES GIEST INC.					
Principal Place of	of Business	Mailing Address			
21218 ST. ANDREWS BLVD. #10-629 BOCA RATON FL 33433		21218 ST. ANDREWS B BOCA RATON FL 33433			
				3. Date incorporated or Qualified 3a. Date of Last Report 1/17/95	
2. Principal Place of Business		2a. Maiing Address		4. FEI Number Applied For Not Applicable	
21		Suite Apt #, etc		\$9.75 Additional	
Suite, Apt. #, etc.		27		5. Certificate of Status Desired Fee Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Zφ	Country	Zip	Country	8. This corporation has liah/lity for intangible tax under s 199.032, Florida Statutes ☐ Yes ⅪNo	
24	9 Name and Address of Currel	29 Agent	30	florida Statutes L Yes MNo 10. Name and Address of New Registered Agent	
	9, Hame and Address of Curren	Tregistered Agent	81 Name	10.	
WIDIGER,	DEAN		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
21218 ST. ANDREWS BLVD. #10-629			GI Street Addi	iess (r. o. box raines to the recognition)	
BOCA RATON FL 33433			83		
			84 City	85 Zip Code	
				<u> </u>	
or registere	id agent, or both, in the State of Flor	idu. Such change was authorize	ed by the corporation's box	ration submits this statement for the purpose of changing its registered office and of directors. I hereby accept the appointment as registered agent. I am	
familiär with	າ, and accept the obligations of Sec	tion 607,0505, Florida Statutes		6/7/96	
SIGNATURE	Signature it ped by protecting the of the jedens of tags.	www.	nie. Fragisteori Agent Sprathre Gegine	DATE DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	DELETE	1 1 T TLE	Change Addition	
NAME	WIDIGER, DEAN		1.2 NAME		
STREET ADDRESS	21218 ST. ANDREWS BLVD.	#10-629	1.3 STRÉET ADORESS		
CITY - ST - ZIP	BOCA RATON FL 33433	□ D€tF1€	2 1 Title	Change Addition	
TITLE NAME		txtrx	2.2 NAME		
STREET ADDRESS			2.3 STREET ADURESS		
CITY-ST-ZIP			2.4 CHTY ST ZIP		
TITLE	**************************************	DELETE	3 1 TITLE	Change Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHTY - ST - ZIP		D DELETE	3 4 CITY - ST - 7-P	☐ Change ☐ Addition	
TITLE		DELFTE	4 1 THUE 42 NAME	Charge (Nativo)	
NAME STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5 1 TILLE	Change Addition	
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CITY-S1-ZIP			5.4 CITY-ST ZIP		
†ITLE		□ DELETE	6 1 TITLE	☐ Change ☐ Addition	
NAME			62 NAME		
STREET ADDRESS			6 3 STHEFT ADDRESS		
CITY-ST-ZIP 14. I do hereb	L v certify that the information supplied	i with this filing is voluntarily furi	64 CH+-SI-ZIP hished and does not qualify	for the exemption stated in Section 119.07(3)(k), Florida Statutes I further	
certify that oath; that	the information indicated on the pre-	erial report or supplemental and soration or the receiver or truste	iual report is true and accur se empowered to execute tr	rate and that my signature shall have the same legal offect as if made under his report as required by Chapter 607, Florida Statutes; and that my name	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/96 407/391-8193