FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

APPROVED
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97 JUN 11 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P95000005582

1. Corporation Name
COASTAL FINANCE CORPORATION I

Principal Place of Business	Mailing Address
4901 N.W. 17TH WAY SUITE 100 FT. LAUDERDALE FL 33309	4901 N.W. 17TH WAY SUITE 100 FT. LAUDERDALE FL 33309-3770

3. Date Incorporated or Qualified: 03/21/1996
3a. Date of Last Report:

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-2414980 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ZWIEBEL, ERIC B
2455 EAST SUNRISE BLVD.
SUITE 905
FT. LAUDERALE FL 33304

10. Name and Address of New Registered Agent

81 Name: Steven Lippman
82 (Street Address (P.O. Boxes Not Acceptable)): ONE FINANCIAL PLAZA #2308
83:
84 City: Ft. Lauderdale FL 85 Zip Code: 33394

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: [signature] 5/16/97
Signature of new registered agent and title if applicable (NOTE: Registered agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (Fill in 12)		
TITLE	PT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DEAN, Dexter W		1.2 NAME		
STREET ADDRESS	4750 Leitner Drive		1.3 STREET ADDRESS		
CITY-ST-ZIP	Coral Springs, FL 33067		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DEAN, Joan		2.2 NAME		
STREET ADDRESS	4750 Leitner Drive		2.3 STREET ADDRESS		
CITY-ST-ZIP	Coral Springs, FL 33067		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	AS	☐ Change ☑ Addition
NAME			3.2 NAME	Hofstein, Sharon	
STREET ADDRESS			3.3 STREET ADDRESS	94-83 NW 42nd St.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Sunrise FL 33351	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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***165.00

14. I do hereby certify that the information submitted 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 added by an attachment with an address.

SIGNATURE: [signature] 5/13/97 954-776-2770