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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 661598 <i>P95 000005582 ✓</i> <i>DID NOT RECEIVE ORIGINAL</i>			
1. Corporation Name COASTAL FINANCE Corporation			
Principal Place of Business 5310 N.W. 33RD AVENUE SUITE 114 FORT LAUDERDALE FL 33309 US		Mailing Address 5310 N.W. 33RD AVENUE SUITE 114 FORT LAUDERDALE FL 33309 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent LIPPMAN, STEVEN N 1 FINANCIAL PLAZA #2308 FT. LAUDERDALE FL 33394		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1 DEAN, DEXTER W 4750 LEITNER DR CORAL SPRINGS FL 2 DEAN, JEAN 4750 LEITNER DR CORAL SPRINGS FL 3 AS HOFSTEIN, SHARON 94-83 NW 42ND ST SUNRISE FL 4 5 6 7 8 9 10 11 12			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.1 DEAN, DEXTER W 1.2 4750 LEITNER DRIVE 1.3 CORAL SPRINGS, FL. 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 AST 3.2 Rosansky, Jeffrey 3.3 10411 NW 21 CT. 3.4 SUNRISE FL 33311 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 V.P. 4.2 McCreery, Eric 4.3 21540 KAPOSK CIRCLE 4.4 BOCA RATON, FL. 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dexter Dean 4/18/99 941-486-4343
Date Daytime Phone #