FILE NOW: FILING FEE AFTER MAY 1ST IS \$55000

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

IVISION OF CORPORATIONS

RECEIVE

May 17, 1999 8:00 am Secretary of State 05-17-1999 90055 011 ***150.00

DOCUMENT #_66159 1. Corporation Name

COASTAL FINANCE CORPORA

Principal Place of Business

5310 N.W. 33RD AVENUE SUITE 114 FORT LAUDERDALE FL 33309

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

24

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

26

27

28

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5310 N.W. 33RD AVENUE SUITE 114

FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

Certifcate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees □No

Applied For

\$8.75 Additional

Fee Required

Not Applicable

8. This corporation owes the current year Intangible Personal Property Tax.

LIPPMAN, STEVEN N 1 FINANCIAL PLAZA #2308 FT. LAUDERDALE FL 33394

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Country

9. Name and Address of Current Registered Agent

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.

Country

30

SIGNATURE	Classical and a second agent (and title if applicable (NOTE: R	egistered Agent signature r	equired when reinstating)	DATE	\
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ØΓ.	☐ DELETE	13.	P	Change	Addition
•	('	<u></u>	1.2 NAME	TWON TOXER W		
NAME	DEAN, DEXTER W		1.3 STREET ADDRESS	DEAN DEXTER W 1750 Leitner DRIVE		
STREET ADDRESS	1		4	CORAL SpRINGS Fl.		
CITY-ST-ZIP	CORAL SPRINGS FL		14 CITY-ST-ZIP	CORAL OPRINGS, FI.	Change	Addition
TITLE	S	☐ DELETE	2.1 TITLE	, ,	□ Change	
NAME	DEAN, JEAN		2.2 NAME			
STREET ADDRESS	4750 LEITNER DR		2.3 STREET ADDRESS		,	
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP			
TITLE	AS	™ DELET E	3.1 TITLE	AST	Change	Addition
NAME	HOFSTEIN, SHARON	•	3.2 NAME	AST Kosprsky Jeffiey		
STREET ADDRESS	94-83 NW 42ND ST		3.3 STREET ADDRESS	10411 NW 21 C1.1		
CITY-ST-ZIP	SUNRISE FL		3.4. CITY-ST-ZIP	SUNRISE 1-1 333VI		
TITLE		☐ DELETE	4.1 TITLE	VP -	Change	Addition
NAME			4. 2 NAME	McCreeky Fire Rack 21545 KAJOSK CIACK BOCA KATON, FT.		
STREET ADDRESS			4.3 STREET ADDRESS	21540 KAPSKURE		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	BOCA KATON, FI.		
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	, , ,		62 NAME			
OTDEET LODDESS	(6.3 STREET ADDRESS			

CITY-ST-ZIP 14. I hereby certify that the information sugariled with this filipe 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 in the end 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 of 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 or an attackment with an address, with all effect like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F034 (11/98)