

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

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May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State	
DOCUMENT # P95000008913 (7)		RECEIVED JAN 6 1997 CHG CORPORATE TAX DEPARTMENT	
1. Corporation Name COASTAL/MSO COMPANY			
Principal Place of Business 2828 CROASDALE DRIVE DURHAM NC 27705		Mailing Address ATTN: TAX DEPARTMENT P.O. BOX 15309 DURHAM NC 27704-0309	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/02/1995		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number APPLIED FOR- 56-1971741		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCEO	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SINGLEY, DAVID W JR.			1.2 NAME			
STREET ADDRESS	2828 CROASDALE DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	DURHAM NC 27705			1.4 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOWNSEND, W.L. DOUGLAS JR.			2.2 NAME			
STREET ADDRESS	2828 CROASDALE DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	DURHAM NC 27705			2.4 CITY-ST-ZIP			
TITLE	VPT	<input type="checkbox"/> DELETE		3.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TROST, TIMOTHY W			3.2 NAME			
STREET ADDRESS	2828 CROASDALE DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	DURHAM NC 27705			3.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIEMONT, JOSEPH G			4.2 NAME			
STREET ADDRESS	2828 CROASDALE DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	DURHAM NC 27705			4.4 CITY-ST-ZIP			
TITLE	AS	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TYLER, ROBERT J III			5.2 NAME			
STREET ADDRESS	2828 CROASDALE DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	DURHAM NC 27705			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	VP/T/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	DICKERSON, W. RANDALL		
STREET ADDRESS				6.3 STREET ADDRESS	2828 CROASDALE DRIVE		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	DURHAM, NC 27705		

14. I do 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: W. Randall Dickerson REQUIRED **W. RANDALL DICKERSON 4-25-97 (919) 383-0355**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)