

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

FILED
Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000043296 (9)

Corporation Name:
COQUINA ET AL, INC.



Principal Place of Business: 115 N 8TH AVE
JACKSONVILLE BEACH FL 32250
Mailing Address: 115 N 8TH AVE
JACKSONVILLE BEACH FL 32250-7127

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/06/1995	3a. Date of Last Report 04/16/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.			4. FEI Number 59-3316850	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			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MORTON, BRENDA A 115 N 8TH AVE JACKSONVILLE FL 32252		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: _____ (NOTE: Registered Agent signature required when re-stating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON, BRENDA A	12. NAME	
STREET ADDRESS	%115 N 8TH AVE	13. STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE BEACH FL 32250	14. CITY- ST- ZIP	
TITLE	VP	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON, CHARLES	22. NAME	
STREET ADDRESS	115 N 8TH AVE	23. STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE BEACH FL 32250	24. CITY- ST- ZIP	
TITLE	T	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON, ANNA	32. NAME	
STREET ADDRESS	115 N 8TH AVE	33. STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE BEACH FL 32250	34. CITY- ST- ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY- ST- ZIP		44. CITY- ST- ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY- ST- ZIP		54. CITY- ST- ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY- ST- ZIP		64. CITY- ST- ZIP	

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 by an attachment with an address.

SIGNATURE:

Brenda A. Morton
Brenda A. Morton
President

02-15-97 904-247-7786

Date Daytime Phone #

0038679

CR2E034 (9/96)