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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 07 1998 8:00am

Secretary of State

## Sandre B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000043383 (5) DOCUMENT #

**S & H COASTAL INVESTMENTS. INC.** 

Principal Place of Business Mailing Address 239 WEST MOWRY 239 WEST MOWRY HOMESTEAD FL 33030 HOMESTEAD FL 33030 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/06/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0595665 Not Applicable Sulte, Apt, #, etc. Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BATEMAN, STEVEN C 239 WEST MOWRY 82 Street Address (P.O. Box Number is Not Acceptable) HOMESTEAD FL 33030 **B3** 84 City 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition TITLE DELETE 1.1 TITLE Change BATEMAN, STEVEN NAME 1.2 NAME 239 W MOWRY STREET STREET ADDRESS 1.3 STREET ADDRESS HOMESTEAD FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE LUNDON, ELANOR 2.2 NAME P.O. BOX 1827 (N/A) STREET ADDRESS 2.3 STREET ADDRESS KITY HAWK NC 27949 CITY-ST-ZIP 2. 4 CITY - ST-ZIP TITLE DELETE 3.1 TITLE Change Addition LUNDON, HARRY 3.2 NAME P.O. BOX 1827 (N/A) STREET ADDRESS 3.3 STREET ADDRESS KITY HAWK NC 27949 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change \_\_\_ Addition TITLE 41 TITLE BATEMAN, DONNA NAME 4.2 NAME 239 W. MOWRY STREET ADDRESS 4.3 STREET ADDRESS HOMESTEAD FL 33030 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CiTY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I 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.

CITY-ST-ZIP