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**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90015 035 \*\*\*158.75

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P95000044144**

1. Corporation Name

**COASTAL DEVELOPMENT CORP. OF SOUTH FLORIDA**

Principal Place of Business

5300 N. FEDERAL HWY.  
 SUITE 100  
 FT. LAUDERDALE FL 33308  
 US

Mailing Address

5300 N. FEDERAL HWY.  
 SUITE 100  
 FT. LAUDERDALE FL 33308  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 <b>3711 NE 31ST AVE</b>	26 <b>3711 NE 31ST AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <b>LIGHTHOUSE POINT FL</b>	28 <b>LIGHTHOUSE POINT FL</b>
Zip	Zip
24 <b>33064</b> 25 <b>USA</b>	29 <b>33064</b> 30 <b>USA</b>

3. Date Incorporated or Qualified	Applied For
<b>06/08/1995</b>	<input type="checkbox"/> Not Applicable
4. FEI Number	
<b>65-0595629</b>	
5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>SCRENCI, STEPHEN W</b> <b>3200 N. MILITARY TRAIL</b> <b>SUITE 200</b> <b>BOCA RATON FL 33431</b>	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<b>PHILLIP ANTHONY</b> Change
NAME	<b>PORTER, ALBERT F JR</b>	1.2 NAME	<b>3711 NE 31ST AVE</b>
STREET ADDRESS	<b>5300 N. FEDERAL HWY., #100</b>	1.3 STREET ADDRESS	<b>LIGHTHOUSE POINT, FL 33064</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<b>VD SYBIL M. ANTHONY</b> Change
NAME	<b>ANTHONY, PHILIP</b>	2.2 NAME	<b>3711 NE 31ST AVE</b>
STREET ADDRESS	<b>5300 N. FEDERAL HWY., #100</b>	2.3 STREET ADDRESS	<b>LIGHTHOUSE POINT, FL 33064</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<b>TD LEIGH ANTHONY</b> Change
NAME	<b>PAVLOVYCH, JEROME</b>	3.2 NAME	<b>3711 NE 31ST AVE</b>
STREET ADDRESS	<b>5300 N. FEDERAL HWY., #100</b>	3.3 STREET ADDRESS	<b>LIGHTHOUSE POINT, FL 33064</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	<b>ANTHONY, SYBIL</b>	4.2 NAME	
STREET ADDRESS	<b>5300 N. FEDERAL HWY., #100</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)