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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 04 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000053792 (4)

COASTAL GOLF, INC.

Principal Place of Business Mailing Address						88 18 18 11 8 11 8 1 8 8 8 1
18750 FEATHER SOUND CIR. EAST JOSE PINGUES SAST FEATHER SOUND CIR. EAST.						
A. 11.11. T. #506-						
OLEARWATER FL. 34622 ALM Hav box - FL CLEARWATER FL. 34022					DO NOT WRITE IN THIS SPACE	
^{US} 34684 ^{US}					3. Date Incorporated or Qualified	
2. Principal f	Place of Business	2a. Mailing Address			07/07/1995 4. FEI Number	Applied Co.
- 10C	6 Pinewood Run	26 2956 finew	noct l	2un	59-3322440	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			000		\$8	.75 Additional
27					I b. Derincate of Status Heared I I T T	ee Required
City & State Cgy & State				-,	Election Campaign Financing S	5.00 May Be
23 Palm Harbor, + L 28 Palm Harbor			1, 4	ــــــــــــــــــــــــــــــــــــــ		dded to Fees
Zip 3468	Country	Zip	Countr		8. This corporation owes or has paid the current ye	~ I
24 3468			30) US	17	Personal Property Tax due June 30. Yes	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HAMMOND STEVEN E 81 Name						
12	MMOND, STEVEN E	2051 P 18				
13705 FEATHERSOUND CIR, EAST 2956 Pinewood Run B2 Street Address					Address (P.O. Box Number is Not Acceptable)	
CLEADWATER FLOHERS PALM Harbor, FL 34684 B3						
-	THE CHOCK TO STATE	(parport to				
			84	City	FL 85	Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the abov	re-named c	cornoration submits this statement for the nurpose of change	ging its registered
office or registered agont, 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 d applicable (NOTE Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRE	
TITLE	PD CTEVEN E	☐ DELET E	11 TITLE	İ	Ch	nange 🔲 Addition
NAME	the state of the state of the state of the state of the		1.2 NAME			
STREET ADDRESS	OUTABLIATED EL OUTE LE LE			T ADDRESS		ן ַּ
CITY-ST-ZIP TITLE	VISD DELETE		1.4 CHY-ST-2IP 2.1 Title		T Ch	nange
NAME	COLLINS, DIANE 2951	Diag D	2.2 NAME			ange Adonom C
STREET ADDRESS	13793 FPATHERSOUND CIR-F	AST AFOR		T ADDRESS		
CITY-ST-ZIP	OLEARWATER FL PALM	Hurbur AL	2.4 GITY-			
TITLE	7,1-4,0	DELETE	3.1 TITLE	31-211	□ Ch	ange Addition
NAME			3.2 NAME		_	_
STREET ADDRESS			3 3 STREE	ADDRESS		
CITY-ST-ZIP			3 4. CITY-	ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Ch	ange Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - 5	ST-ZIP		
TITLE		L_ DELETE	5.1 TITLE	[Ch.	ange
NAME			5.2 NAME			ĺ
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CITY-ST-ZIP		DELETE	5.4 CITY-5	ST-71P		
TITLE		L.J DELETE	6.1 TITLE		L_J Chi	ange 🔲 Addition
NAME CTOCCT ADDRESS			6.2 NAME			
STREET ADDRESS	. ¥		6.3 STREET			
14. I hereby c	Certify that the information supplied with	this filing does not qualify for	6.4 CiTY - S	tion stated	Lin Section 119.07(3)(i) Florida Statutos I further cortify the	at the information
14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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 it 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.						