

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000065131 (1)**

1. Corporation Name
CCT-COASTLAND, INC.



Principal Place of Business: **1900 NORTH TAMiami TRAIL, NAPLES FL 33940**
Mailing Address: **5928 MERRIAM DRIVE, MERRIAM KA 66209**

3. Date Incorporated or Qualified: **08/22/1995**
3a. Date of Last Report
4. FEI Number: **650605441**
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
25. Suite, Apt. #, etc.
26. City & State
27. Zip
28. Country
29. Zip
30. Country

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 SOUTH 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

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-installing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Pres/DIR
STREET ADDRESS		1.3 STREET ADDRESS	R.J. Samuels, JR.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	8103 Halsey Lenexa, KS 66215
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	V.P./TREAS/DIR
STREET ADDRESS		2.3 STREET ADDRESS	JOE R. POLO
CITY-ST-ZIP		2.4 CITY-ST-ZIP	3404 Dean St. Naples, FL 33942
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Sect/DIR
STREET ADDRESS		3.3 STREET ADDRESS	Robert E. Lastelic
CITY-ST-ZIP		3.4 CITY-ST-ZIP	CAPITOL Federal Bldg. 9500 Wall, Suite 401 Overland PARK, KS 66207
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	V.P.
STREET ADDRESS		4.3 STREET ADDRESS	W. John Gasawski
CITY-ST-ZIP		4.4 CITY-ST-ZIP	8019 ALDEN LENEXA, KS 66215
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	800001820353
STREET ADDRESS		6.3 STREET ADDRESS	-05/14/96--01060--026
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address).

SIGNATURE: **JOE R. POLO VP/TREAS/DIR** Date: **(941) 463-0201**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)