

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Jul 23 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # P95000065131 (1)
 1. Corporation Name
 CCT-COASTLAND, INC.



Principal Place of Business Mailing Address
 1800 NORTH TAMiami TRAIL NAPLES FL 33940
 7678 GROVES RD NAPLES FL 34109
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 1712 N. TAMiami TRAIL 26 4701 COLLEGE BLVD
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 #214
 City & State 28 LAWWOOD, KS
 Zip 34102 Country Zip 66211 Country

3. Date Incorporated or Qualified
 08/22/1995
 4. FEI Number Applied For
 65-0605441 Not Applicable
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
 TITLE PD DELETE
 NAME SAMUELS, R.J. JR.
 STREET ADDRESS 8103 HALSEY
 CITY-ST-ZIP LENEXA KS 66215
 TITLE VTD DELETE
 NAME POLO, JOE R
 STREET ADDRESS 7678 GROVES RD
 CITY-ST-ZIP NAPLES FL
 TITLE SD DELETE
 NAME LASTELIC, ROBERT E
 STREET ADDRESS 9500 NALL, STE 401
 CITY-ST-ZIP OVERLAND PARK KS 66207
 TITLE VP DELETE
 NAME GASAWSKI, JOHN W
 STREET ADDRESS 8101 LOBANK
 CITY-ST-ZIP NAPLES FL
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS 4701 COLLEGE BLVD #214
 1.4 CITY-ST-ZIP LAWWOOD, KS 66211
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS 12749 MUCKEY
 2.4 CITY-ST-ZIP OP, KS 66213
 3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS 4701 COLLEGE BLVD #214
 3.4 CITY-ST-ZIP LAWWOOD, KS 66211
 4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS 800002598308
 6.4 CITY-ST-ZIP -07/24/98--01097--029
 ***150.00

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: _____ 7-13-98 913-327-5551

CR2E034 (5/98)

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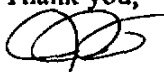
July 13, 1998

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302

To Whom It May Concern:

Upon receiving notice of the 1998 profit corporation annual report packet I contacted your office, as the original packet was never received. I was told to pay \$150.00 filing fee and enclose a letter as to why I am doing so. Please see that all the address changes are properly made so this will not happen in the future.

Thank you,



Joe R. Polo
VP Operations