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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Socretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9500069961 (7)

COASTAL FINANCE CORPORATION II

Principal Place of Business

Mailing Address

FILED Jun 10 1997 8:00am Secretary of State



4901 N.W. 1711 Ft. Lauderda	H WAY, SUITE 100 Le fil 33309	4901 N.W. 17TH WAY, SUI' FT. LAUDERDALE FL 33309			
				3. Date Incorporated or Qualified 09/11/1995	3a. Date of Last Report 06/21/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	0668142 Applied For
21		26		APPLIED FOR Description	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State		27			Fee Required
23		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
ZIP	Country	Zip	Country	8. This corporation has liability for	
24	26		30		Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New F	legistered Agent
	BEL, ERIC B		81 Name	StevEN N. Lippi	nad
	EAST SUNRISE BLVD.		82 Street Address (P.O. Box Number is Not Acceptable)		
FOR	T LAUDERDALE FL 33304				
			83	NE FINANCIAL PLA	20 # 2270
•			84 City	NE TINANCIAL PIA	
		0		F. Lauderdale.	FL S 33304
11. Pursuant to	the provisions of Sections 207.0592	and 607.1508, Florida Statute:	s, the above-named	corporation submits this statement for the	purpose of changing its registered
agent. I an	gistered agent, or both the fire and agent the chief	of lorida. Such change was au ions of, Section 607,0505, Flor	uthorized by the corp rida Statutes.	oration's board of directors. Thereby acc	ept the appointment as registered
SIGNATURE _	11009	5/4/77			
12.		it and tille if applicable (NOTE: DIRECTORS	Registered Agent signature i		DATE
TITLE	PT //	DELETE	13.	ADDITIONS/CHANGES TO OFF	
NAME	DEAN, DEXTER W	□ Main	l i		🔀 Change 🔲 Addition
STREET ADDRESS	268 NW 83RD LANE		1.2 NAME	11400 1:1.	_
	CORAL SPRINGS FL 33071		I .	1750 feitner DRIVE	
CITY-ST-ZIP TITLE	8	DELETE	1.4 CITY-ST-ZIP 2.1 TITUE	Coral Springs, M.	Change Addition
NAME A	DEAN, JEAN P	Mark	2.2 NAME	v	Change Li Addition
STREET ADDRESS	268 NW 83RD LANE			4750 Leitwer DRIVE	2
CITY-ST-ZIP	CORAL SPRINGS FL 33071			1750 Zeitwer Drive	7 22567
TITLE	00/12 0/14/100 12 000/1	DELETE	2.4 CITY - ST - ZIP 3.1 TITLE	DORAL SPRINGS, FL.	Change Addition
NAME		Em petiti	3.2 NAME	1 main shapped	E Change E Addition
STREET ADDRESS				Holstein, Shnieon, 94.83 NW 42 91.	
CITY-ST-ZIP				SUNRISE 1-1. 3335	51
TITLE	-	DELFTE	3.4. CITY - ST - ZIP 4.1 TITLE	JUNNISE TIL JOS	Change Addition
NAME		<u> </u>	4. 2 NAME		- onango Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		E Mullion
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHY-ST-ZIP		
MILE		DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP		1	64 CITY - ST - ZIP		
	certify that the information supplied	with this does not qualify	for the exemption sta	ated in Section 119,07(3)(i). Florida Statut	es. I further certify that the
information I am an offi appears in	indicated on this annual report or so cer or director of the phropation or t Block 12 or Block 13 it changed, or	pplemental annual report is tru he poliver trustee empower op an attamment with an addre	e and accurate and I red to execute this re ess.	ated in Section 119.07(3)(i), Florida Statut that my signature shall have the same leg port as required by Chapter 607, Florida	jal effect as if made under oath; that Statutes, and that my name