


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

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May 17, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 661598		P95000069961 <i>ORIGINAL NOT RECEIVED</i>	
1. Corporation Name COASTAL FINANCE Corporation II			
Principal Place of Business 5310 N.W. 33RD AVENUE SUITE 114 FORT LAUDERDALE FL 33309 US		Mailing Address 5310 N.W. 33RD AVENUE SUITE 114 FORT LAUDERDALE FL 33309 US	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Zip 29	
Country 25		Country 30	
9. Name and Address of Current Registered Agent LIPPMAN, STEVEN N 1 FINANCIAL PLAZA #2308 FT. LAUDERDALE FL 33394			
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 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 PT <input type="checkbox"/> DELETE		1.1 TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DEAN, DEXTER W		1.2 NAME DEAN, DEXTER W	
STREET ADDRESS 4750 LEITNER DR		1.3 STREET ADDRESS 4750 LEITNER DR.	
CITY-ST-ZIP CORAL SPRINGS FL		1.4 CITY-ST-ZIP Coral Springs, FL.	
TITLE S <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DEAN, JEAN		2.2 NAME	
STREET ADDRESS 4750 LEITNER DR		2.3 STREET ADDRESS	
CITY-ST-ZIP CORAL SPRINGS FL		2.4 CITY-ST-ZIP	
TITLE AS <input checked="" type="checkbox"/> DELETE		3.1 TITLE AST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME HOFSTEIN, SHARON		3.2 NAME Rosovsky, Jeffrey	
STREET ADDRESS 94-83 NW 42ND ST		3.3 STREET ADDRESS 10411 NW 21 Ct.	
CITY-ST-ZIP SUNRISE FL		3.4 CITY-ST-ZIP SUNRISE FL 33334	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		4.2 NAME McCreary, Terrie	
STREET ADDRESS		4.3 STREET ADDRESS 81540 KAPOK Circle	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Boca Raton, FL	
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	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dexter Dean

Date

4/28/99

Daytime Phone #

954-486-4343