FILE NOW: FILING FEE AFTER MAY 1ST IS \$55000

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business 5310 N.W. 33RD AVENUE

SUITE 114



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

Mailing Address

SUITE 114

5310 N.W. 33RD AVENUE

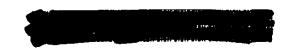
DOCUMENT # 66 1. Corporation Name

COASTAL FNANCE CORPORATION I

Frece 1155

May 17, 1999 8:00 am Secretary of State

05-17-1999 90055 012 ***150.00



DO NOT WRITE IN THIS SPACE

FORT LAUDERDALE FL 33309 FORT LAUDER		UDERDALE FL 3330	RDALE FL 33309		DO NOT WRITE IN THIS SPACE			
US US			-	3. Date Incorporated or Qualifed				
2. Principal	Place of Business	2a. Mailir	ng Address			4. FEI Number	Apr	olied For
21 26			•			65-0668142	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			. Apt. #, etc.				\$8.75 A	dditional
						5. Certifcate of Status Desired	Fee Re	
22						6. Election Campaign Financing	\$5.00	May Re
23 28						Trust Fund Contribution	Added to	
Zip				Country				
24 25 29 30				0	r cradital rioporty run.			
	9. Name and Address of Curr	rent Registered	Agent			10. Name and Address of New Register	ed Agent	
				81	Name			
LIPPMAN, STEVEN N 1 FINANCIAL PLAZA #2308				82	82 Street Address (P.O. Box Number is Not Acceptable) 83			
FT. LAUDERDALE FL 33394			83					
				84	City		85 Zip C	ode
						rporation submits this statement for the purpose		
SIGNATUR	Signature, typed or printed name of registered				l signature requi	DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	OFFICERS	AND DIRECTOR	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	P1		□ Nete ie	1.1 TITLE	1	n i = " kaul		
NAME	DEAN, DEXTER W			1 2 NAME	12	DEAN, Dexter W.		
STREET ADDRES				1.3 STREET	ADDRESS 4	150 Leinver		
CITY-ST-ZIP	CORAL SPRINGS FL		-	1.4 CITY-S	r-zip (JURAL SPRINGS 1-1.		
TITLE .	S		☐ DELETE	2.1 TITLE		<i>v</i>	☐ Change	Addition
NAME	DEAN, JEAN			2.2 NAME				
STREET ADDRES	ss 4750 LEITNER DR			2.3 STREET	ADDRESS			
_CITY-ST-ZIP	CORAL SPRINGS FL.		- /	.2 4 CITY±S	T-ZIP			
TITLE	AS		DELETE	3.1 TITLE		AST	Change	Addition
NAME	HOFSTEIN, SHARON			3.2 NAME	<u> </u>	frenchy Jeffley		
STREET ADDRES	A			3.3 STREET	ADDRESS	Cosposky, Jeffiey		
CITY-ST-ZIP	SUNRISE FL			34 CITY-S	T-ZIP	SUNRISE 1-1 333VV		
TITLE			☐ DELETE	4.1 TITLE		VP _	☐ Change	Additio
NAME	1			4 2 NAME		MCCOPPY PERRIE		
STREET ADDRES	:ss			4.3 STREET	ADDRESS	21546 KAJOOK CIRCLE		
CITY-ST-ZIP	.001							
					r-zip	BORA KATON MI		,
TITLE			☐ DELETE	4.4 CITY-S 5.1 TITLE	r-ZIP	BORA RATON Pl.	Change	☐ Additio
TITLE			☐ DELETE	4.4 CITY-S	r-ZIP	BOCA Know M.	Change	☐ Additio
NAME			☐ DELETE	4.4 CITY-S 5.1 TITLE	r-ZIP	BOCA KNOW, M.	Change	☐ Additio
	ESS		☐ DELETE	4.4 CITY-S 5.1 TITLE 5.2 NAME	r-ZIP	BOOM KATON, M.	Change	☐ Additio

CITY-ST-ZIP 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 of the receiver or injuries empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in or an attachment with an address, with all other like empowered. indicated on this annual report or officer or director of the corporation Block 12 or Block 13 if charged, or

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

Change

☐ Addition