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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000012992 (9)

COASTAL COMPUTER TECHNOLOGY, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place 1090 N. BEAL	a of Husinass						
ATRIAN NO. 100-101		Mailing Address	,		ì		
	. Parkway Ni Beach Fl. 32547	1090 N. BEAL PARKWAY FORT WALTON BEACH F					
					DO NOT WRITE IN TA	HIS SPACE	
					3. Date Incorporated or Qualified 02/07/1996		
Principal Place of Business 21		2a. Mailing Address			4. FEI Number	Ар	plied For
		26 P.O. BO	X 18	37	59-3363174	No	t Applicabl
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Re	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28 FT. WALTO	<u>oと B</u>	CH FI	L Trust Fund Contribution □	Added t	o Fees
Zip	Country	Zip	Count	<u>-</u>	8. This corporation owes or has paid the		
24	25	29 37 549	30 0	SA	Personal Property Tax due June 30.		No
	9. Name and Address of Cur	rrent Registered Agent	- B	1 Name	10. Name and Address of New Register	ed Agent	
	MILTON, CARL T SR.		•	Name			
	O N. BEAL PARKWAY	_	8:	2 Street Add	dress (P.O. Box Number is Not Acceptable)	·-···	
FO	rt Walton Beach FL 3254	7	L				
			8:	3			
			84	City		85 Zip C	Code
				'	i	- L. "	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607 1508, Florida Statut	les, the abo	ve-named cor	rporation submits this statement for the purpos	e of changing its	s registere
ornce or re agent. I a	egistered agent, or both, in the St im familiar with, and accept the ol:	late of Florida. Such change was a Digations of, Section 607.0505, Fl	autnorizea t orida Statute	by the corpora 98.	rporation submits this statement for the purpor ation's board of directors. I hereby accept the	appointment as	registered
•							
SIGNATURE	Street ve broad or project page of agostere	Largent and little it arrobushles (NOT	F Floristered A	gent signature regu	ritrod when reinstation)	re	
	Signature, typed or printest name of registered OFF ICERS	Lagent and title if applicable (NOT AND DIRECTORS	E Registered A	gent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS		S IN 12
12.							
12.	OFFICERS	AND DIRECTORS	13. 1.1 TITLE			AND DIRECTOR	
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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

IGNATURE: Sandia Adambins SANDRA L. HAWKINS 4-18-98

(850) 8633846