


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

FILED

May 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000018669 (7)					
1. Corporation Name COASTAL CUSTOM HOMES, INC.					
Principal Place of Business HARBOR FEDERAL CENTER 2500 MIDPORT RD. SUITE 106 PORT ST LUCIE FL 34952			Mailing Address HARBOR FEDERAL CENTER 2500 MIDPORT RD. SUITE 106 PORT ST LUCIE FL 34952-4805		
2. Principal Place of Business 21 558 SE SOUTHWOOD TRAIL 22 STUART, FL 23 34997 24 USA		2a. Mailing Address 26 558 SE SOUTHWOOD TRAIL 27 STUART, FL 28 34997 29 USA		3. Date Incorporated or Qualified 02/28/1996 3a. Date of Last Report Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent GORMAN, ROBERT J 1209 DELAWARE AVE FT PIERCE FL 34950			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	VSTD	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANTOS, DONALD		1.2 NAME		
STREET ADDRESS	HARBOR FEDERAL CENTER-2500 MIDPORT RD, #106		1.3 STREET ADDRESS	558 SE SOUTHWOOD TRAIL	
CITY-ST-ZIP	PORT ST LUCIE FL 34952		1.4 CITY-ST-ZIP	STUART, FL 34997	
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEPORE, KATHERINE D		2.2 NAME		
STREET ADDRESS	HARBOR FEDERAL CENTER-2500 MIDPORT RD, #106		2.3 STREET ADDRESS	558 SE SOUTHWOOD TRAIL	
CITY-ST-ZIP	PORT ST LUCIE FL 34952		2.4 CITY-ST-ZIP	STUART, FL 34997	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
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		
14. I do 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: KATHERINE D. LEPORE			4/14/97 561 219-9920		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2E034 (9/96)