

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

FILED  
Feb 19 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P96000018669 (7)**

1. Corporation Name  
**COASTAL CUSTOM HOMES, INC.**



Principal Place of Business <b>558 SE SOUTHWOOD TRAIL STUART FL 34997 US</b>	Mailing Address <b>558 SE SOUTHWOOD TRAIL STUART FL 34997 US</b>
---	---

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>		<b>3. Date Incorporated or Qualified</b> <b>02/29/1996</b>	<b>4. FEI Number</b> <b>65-0651580</b>	Applied For <input type="checkbox"/> Not Applicable
				<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
				<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
				<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

<b>9. Name and Address of Current Registered Agent</b> <b>GORMAN, ROBERT J</b> <b>1209 DELAWARE AVE</b> <b>FT PIERCE FL 34950</b>				<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <i>Robert S. Kramer</i> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <i>2301 SE Montevalley Rd.</i> <b>83</b> <b>84 City</b> <i>Stuart</i> <b>FL</b> <b>85 Zip Code</b> <i>34996</i>			
--	--	--	--	---	--	--	--

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]* **2/13/98**  
Signature, the printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VSTD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SANTOS, DONALD		1.2 NAME				
STREET ADDRESS	558 SE SOUTHWOOD TRAIL		1.3 STREET ADDRESS				
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP				
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	<i>KATHERINE D. SANTOS</i>			
STREET ADDRESS	558 SE SOUTHWOOD TRAIL		2.3 STREET ADDRESS				
CITY-ST-ZIP	STUART FL		2.4 CITY-ST-ZIP				
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 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. Santos* **2/19/98** **561 719-9977**

CR2E034 (10/97)