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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 19 1997 8:00am

Secretary of State

Secretary of \$tate DIVISION OF CORPORATIONS

## DOCUMENT # P96000025040 (2)

**COASTAL FINANCE CORPORATION III** 

Principal Place of Business 4901 N.W. 17TH WAY 6UITE 100 FT. LAUDERDALE FL 33309	Mailing Address 4901 N.W. 17TH WAY SUITE 100 FT. LAUDERDALE FL 3330	4901 N.W. 17TH WAY			
		:	3. Date incorporated or Qualified 03/21/1996	3a. Date of Last Report	
2. Principal Place of Business	2a. Mailing Address		4. FEt Number	Applied For	
et	26		016-34-3456	Not Applicable	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees	
Zip Country	Zip	Country	Trust Fund Contribution  8. This corporation has liability for it		
4 25	<del> </del>	30		Yes No	
	Current Registered Agent		10. Name and Address of New Reg	Istered Agent	
ZWIEBEL, ERIC B 2455 EAST SUNRISE BLVD.		81 Name 6	Heven N. Lyppma ress (P.Q. Box Number is Not Acceptab		
SUITE 905 FT. LAUDERALE FL 33304		83 ONE	, , ,	- 41 (1)	
		84 City	1 1 1 1	85 Zip Code	
		1-7.	Lauderd Ale	FL   133394	
Pursuant to the provisions of Sections 6 office or registered agent, or purply agent. I am familiar with, and the street of the SIGNATURE     Signature, types or prigling name of our street.	stered agent and tille it applicable. (NOTE	E: Registered Agent signature requi	red whon reinslating)	DATÉ.	
——————————————————————————————————————	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE P P	☐ DELETE	1.4 TITLE		Change Addition	
NAME DEAN. Dexfer, C STREET ADDRESS 4250 LETTINER	Daue	1.2 NAME			
STREET ADDRESS 4750 KeitWER CORAL SURVAS	F/ 330/7	1.3 STREET ADDRESS 1.4 City-St-Zip			
TITLE 3	DELETE	2.1 TITLE		Change Addition	
		2.2 NAME		-	
STREET ADDRESS 12750, Leitner I	DRIVE	2.3 STREET ADDRESS			
CITY-ST-ZIP COCAL STORINGS	1-1 33067	2. CITY-ST-ZIP			
TITLE AS	DELETE	3.1 THTLE		☐ Change ☐ Additi	
NAME HOPSTOIN, Shak	PON OF	3.2 NAME			
STREET ADDRESS 94.83 N.W. 12	200-	3.3 STREET ADDRESS			
CITY-ST-ZIP SUNRISE FI	33351	3.4 CITY-ST-ZIP			
TITLE NAME .	DELETE	4.1 TITLE		Change Addition	
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
XTY-ST-ZIP	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADORESS			
CITY-SI-ZIP		5.4 CITY - ST - ZIP			
TITLE	DELETE	6.1 TITLE		Change 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 information indicated on this annual refulam an officer or director of the forgor, appears in Block 12 or Block 13 if ghan	Supplied with his filing/does not quality out or the judgmental author report is a tight or the judgmental firm of the judgment of the judgmen	fy for the exemption state rue and accurate and tha rered to execute this repo dress.	d in Section 119.07(3)(i), Florida Statutes t my signature shall have the same loga rt as required by Chapter 607, Florida S	s. I further certify that the I effect as if made under oath; that the state of the thick that the state of t	