

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

10F2

PROFIT  
CORPORATION  
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
Secretary of State  
DIVISION OF CORPORATIONS

250001B2

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # PA600025040 ORIGINAL  
Corporation Name COASTAL FINANCE CORPORATION III NOT  
Received

Place of Business Mailing Address  
N.W. 33RD AVENUE 5310 N.W. 33RD AVENUE  
114 SUITE 114  
LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309  
US

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <u>3/21/96</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. PEI Number <u>016-34-3456</u>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent LIPPMAN, STEVEN N 1 FINANCIAL PLAZA #2308 FT. LAUDERDALE FL 33394				10. Name and Address of New Registered Agent	
81. Name				Applied For	
82. Street Address (P.O. Box Number is Not Acceptable)				Not Applicable	
83.					
84. City				FL 85 Zip Code	

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, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
PT DEAN, DEXTER W 4750 LEITNER DR CORAL SPRINGS FL S		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>Dean Dexter W</u> <u>4750 Leitner Dr.</u> <u>Coral Springs FL</u>	
DEAN, JEAN 4750 LEITNER DR CORAL SPRINGS FL AS		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>700003392337-9</u> <u>-09/13/00-01097-001</u> <u>*****900.00 *****150.00</u>	
<del>HOFSTEIN, SHARON 94-83 NW 42ND ST SUNRISE FL</del>		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>AST</u> <u>Rosansky, Jeffrey</u> <u>10411 NW 21 Ct.</u> <u>SUNRISE FL 33322</u>	
VP <del>McCreary, Terrie 21540 KAPOK CIRCLE BOCA RATON FL</del>		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>VP</u> <u>McCreary, Terrie</u> <u>21540 Kapok Circle</u> <u>Boca Raton, FL</u>	
<input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 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 changing, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey Rosansky 9/11/00  
DATE  
DAYTIME PHONE # 954-486-4343



***Coastal Leasing, Inc.***

The Very Lease You Need

282

- Los Angeles
- New York
- Miami

9/11/00

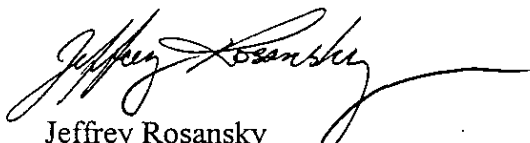
Ms. Katherine Harris  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Ms. Harris;

I just received these notices for Corporate filing Friday 9/8/00. I only received three and as you can see I have made copies of the ones that I had filed last year and updated those. I am asking that the late fee be abated and that the copies that I have sent are acceptable. If they are not please sending new Business Reports and I will fill out the new ones for Coastal Finance Corp II, III and V.

Your cooperation in this matter will be greatly appreciated. I would like to make sure that the above corporations are still on the active status role. Thanking you in advance.

Very truly yours;

  
Jeffrey Rosansky  
Assistant Secretary/ Controller