SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMAINT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE; \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000048276 (5) COASTAL TECHNOLOGIES GROUP, INC.

Mailing Address Principal Place of Business 5030 CHAMPION BOULEVARD, SUITE 6-183 **BOCA RATON FL 33496 BOCA RATON FL 33496**

FILED Aug 05 1998 8:00am Secretary of State



5030 CHAMPION BOULEVARD, SUITE 6-183 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/06/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0669888 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intancible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **AMERILAWYER CHARTERED** 343 ALMERIA AVENUE 82 CORAL GABLES FL 33134 83 84 revisions of sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered adapted, 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 for with, and added the obligations of, section 607,0505, Florida Statutes. 11. Pursuant to the pre 7.6.48 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PSTD TITLE 1.1 TITLE DELETE Change Addition KANE, RICHARD L NAME 1.2 NAME **5030 CHAMPION BOULEVARD, SUITE 6-183** STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33496** 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 2.1 TITLE DELETE □ Addition Change 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIF TITLE DELETE 3.1 TITLE Change NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE TITLE DELETE Change Addition NAMF, 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE 00000260974 DELETE NAME 5.2 NAME -08/06/98--01068--0**34** ***158.75

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 certify that I am an officer or director of the corporation or the receiver or trystee 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.

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

NAME

5613621230

Addition