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PROFIT CORPORATION ANNUAL REPORT

1. Corporation Name

1999

DOCUMENT #_661



COASTAL FINANCE CORPORATION IL

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

May 17, 1999 8:00 am Secretary of State

05-17-1999 90055 014 ***150.00



Principal Place of Business		Mailing Address				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5310 N.W. 33RD AVENUE		5310 N.W. 33RD AVENUE		,			
SUITE 114		SUITE 114		DO NOT WRITE IN THIS SPACE			
FORT LAUDERDALE FL 33309		FORT LAUDERDALE FL 33309		3. Date Incorporated or Qualified			
US		US			6/14/96		
		0- 14-6 0-44			4. FEI Number		Applied For
2. Principal Place of Business		2a. Mailing Address		016-34-3456		Not Applicable	
21		26		<u> </u>		5 Additional	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		Required	
[22]		City & State		a si di consissi Sissessi si			
City & State				6. Election Campaign Financing Trust Fund Contribution		May Be	
Zip Country		Zip Country		This corporation owes the current year			
Zip			Couring		Personal Property Tax.	Yes	□No
24	25	·			10. Name and Address of New Register		
9. Name and Address of Current Registered Agent				Name	To. Mario and Mario		
LIPPI	MAN, STEVEN N		81				
	NANCIAL PLAZA #2308		82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
I .	AUDERDALE FL 33394		83				
	AUDENDALL I E 33394		63				
			84	City		FL 85 Z	ip Code
				<u> </u>			its sociatored
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, to of Florida, Such change was autho	he above rized by	e-named co the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as	registered
agent, f a	m familiar with, and accept the obligation	tions of, Section 607.0505, Florida	Statutes				
SIGNATURE							
0.014110142	Signature, typed or printed name of registered ager			il signature requ	ADDITIONS/CHANGES TO OFFICERS		TOPS IN 12
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Chan	
TITLE	7	☐ DÉLETÉ	1.1 TITLE	1/2	David Davidge III	& 0.10.1	,*
NAME	DEAN, DEXTER W		1.2 NAME	K	Dean Dexter W 1150 Keitner DR		
STREET ADDRESS	4750 LEITNER DR				730 /e//wax 2/		
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-S	T-ZIP	JORAI SPRINGS / I	☐ Chan	ne 🗀 Addition
TITLE	\$	_	2.1 TITLE				, C. (1)
NAME	DEAN, JEAN	1	2.2 NAME	Ì			
STREET ADDRESS	4750 LEITNER DR		2.3 STREE	TADDRESS		,	
CITY-ST-ZIP.	CORAL SPRINGS FL		2. 4 CITY-5				ge - 🗔 Addition
TITLE	AS	[***]/DC) ETE					ge - [_] Addition [
NAME	Hofstein, Sharon	DELETE	3.1 TITLE		AST, W.	Chan	
STREET ADDRESS	OA OO BRAL AORID OT	I-N DETERE	3.1 TITLE	,	A.S. T. Kospusky, Jeffiey	⊮ Chan	_
ł	94-83 NW 42ND ST	DELETE	3.2 NAME	TADDRESS	Rospyrsky, Jeffley	™ Chan	
CITY-ST-ZIP	SUNRISE FL	T⊒A, ∩ETE1E	3.2 NAME	TADDRESS	A.S.T. Rospysky, Jeffiey PONI NW 21 Ct. 1 SUNRISE 1-1. 333VV	∏ Chan	
CITY-ST-ZIP TITLE		_	3.2 NAME 3.3 STREE	T ADDRESS	Rosgrisky, Jelfley JOHN NW 21 Ct. 1 SUNRISE 1-1. 333VV	™ Chan	ge 🗹 Addition
		_	3.2 NAME 3.3 STREE 3.4 CITY-5	T ADDRESS	Rosgrisky, Jelfley JOHN NW 21 Ct. 1 SUNRISE 1-1. 333VV	™ Chan	ge 🗹 Addition
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14. Hereby certify that the information submiled with this filipe floes 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 suppliemental 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 feccion 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 or an attachment with an address, with all other like empowered.

SIGNATURE: