

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

0062201

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000052861**

1. Corporation Name

**COASTAL MAUSOLEUM CONSTRUCTORS, INC.**



Principal Place of Business

**5505 NW 48 PLACE  
GAINESVILLE FL 32606**

Mailing Address

**5505 NW 48 PLACE  
GAINESVILLE FL 32606**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 5525 NW 48th Place		26 5525 NW 48th Place		06/19/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3388818	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Gainesville, FL		28 Gainesville, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 32606 25 US		29 32606 30 US			

9. Name and Address of Current Registered Agent

**RUTENBERG, BARRY B  
5505 NW 48 PLACE  
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2820 NW 31st Terrace
83
84 City
Gainesville
85 Zip Code
FL 32605

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, typed or printed name of registered agent and title if applicable.

(NO "E" Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTENBERG, BARRY B	1.2 NAME	
STREET ADDRESS	5505 NW 48 PLACE	1.3 STREET ADDRESS	2820 NW 31st Terrace
CITY-ST-ZIP	GAINESVILLE FL 32606	1.4 CITY-ST-ZIP	Gainesville, FL 32605
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, R. DONALD	2.2 NAME	
STREET ADDRESS	5505 NW 48 PLACE	2.3 STREET ADDRESS	18385 SW 75th Loop
CITY-ST-ZIP	GAINESVILLE FL 32606	2.4 CITY-ST-ZIP	Dunnellon, FL 34432
TITLE	ST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTENBERG, KIRSTEN	3.2 NAME	
STREET ADDRESS	5505 NW 48 PLACE	3.3 STREET ADDRESS	2820 NW 31st Terrace
CITY-ST-ZIP	GAINESVILLE FL 32606	3.4 CITY-ST-ZIP	Gainesville, FL 32605
TITLE		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		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		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, with all other like empowered.

SIGNATURE: Barry B. Rutenberg, Pres. 4/20/99 352-373-8466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)