


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

FILED

Feb 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000084778 (5)**

1. Corporation Name

**COASTAL BUILDING MAINTENANCE, INC.**



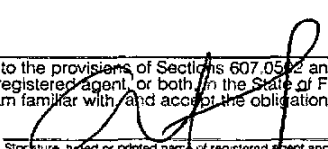
DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
659 N. BISCAYNE RIVER DRIVE MIAMI FL 33169		659 N. BISCAYNE RIVER DRIVE MIAMI FL 33169	
2. Principal Place of Business		2a. Mailing Address	
21	<b>15405 NW 7AVE</b>	26	<b>15405 NW 7AVE</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	<b>MIAMI FLORIDA</b>	28	<b>MIAMI FLORIDA</b>
Zip		Zip	
24	<b>33169</b>	29	<b>33169</b>
Country		Country	
25	<b>USA</b>	30	<b>USA</b>

3. Date Incorporated or Qualified	
<b>10/14/1996</b>	
4. FEI Number	Applied For
<b>65-0700605</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AMES, STUART D 150 WEST FLAGLER STREET SUITE 2200 MIAMI FL 33130				81 Name <b>ANTONIO DIAZ</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>15405 NW 7AVE</b>			
				83			
				84 City <b>MIAMI</b> FL 85 Zip Code <b>33169</b>			

11. Pursuant to the provisions of Sections 607.0512 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  DATE **1/16/98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SULLIVAN, RAYMOND P</b>			1.2 NAME	<b>SULLIVAN, RAYMOND P.</b>		
STREET ADDRESS	<b>659 N. BISCAYNE RIVER DRIVE</b>			1.3 STREET ADDRESS	<b>15405 NW 7AVE</b>		
CITY-ST-ZIP	<b>MIAMI FL 33169</b>			1.4 CITY-ST-ZIP	<b>MIAMI FL 33169</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SULLIVAN, MATTHEW R</b>			2.2 NAME	<b>SULLIVAN, MATTHEW R</b>		
STREET ADDRESS	<b>659 N. BISCAYNE RIVER DRIVE</b>			2.3 STREET ADDRESS	<b>15405 NW 7AVE</b>		
CITY-ST-ZIP	<b>MIAMI FL 33169</b>			2.4 CITY-ST-ZIP	<b>MIAMI FL 33169</b>		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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.

SIGNATURE:  DATE **1/16/98**

CR2E034 (10/97)