

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

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000039684 (0)  
1. Corporation Name  
COASTLINE FABRICATION, INC.

FILED  
May 19 1998 8:00am  
Secretary of State

Principal Place of Business		Mailing Address	
708-E TALLEYRAND AVENUE JACKSONVILLE FL 32202		P.O. BOX 16952 JACKSONVILLE FL 32245-6952	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STEWART, LESTER 6032 ROBBINS CIRCLE SOUTH JACKSONVILLE FL 32211		81	Name
		82	Street Address (P.O. Box Number Is Not Acceptable)
		83	
		84	City
		85	Zip Code
4. FEI Number			
59-3448349			
Applied For Not Applicable			
5. Certificate of Status Desired			
<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing			
<input type="checkbox"/> \$5.00 May Be Trust Fund Contribution			
Added to Fees			
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
DO NOT WRITE IN THIS SPACE			
3. Date Incorporated or Qualified			
05/15/1997			

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 (NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
STREET ADDRESS	STREET ADDRESS	1.2 NAME		
CITY-ST-ZIP	CITY-ST-ZIP	1.3 STREET ADDRESS		
		1.4 CITY-ST-ZIP		
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
STREET ADDRESS	STREET ADDRESS	2.2 NAME		
CITY-ST-ZIP	CITY-ST-ZIP	2.3 STREET ADDRESS		
		2.4 CITY-ST-ZIP		
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
STREET ADDRESS	STREET ADDRESS	3.2 NAME		
CITY-ST-ZIP	CITY-ST-ZIP	3.3 STREET ADDRESS		
		3.4 CITY-ST-ZIP		
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
STREET ADDRESS	STREET ADDRESS	4.2 NAME		
CITY-ST-ZIP	CITY-ST-ZIP	4.3 STREET ADDRESS		
		4.4 CITY-ST-ZIP		
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
STREET ADDRESS	STREET ADDRESS	5.2 NAME		
CITY-ST-ZIP	CITY-ST-ZIP	5.3 STREET ADDRESS		
		5.4 CITY-ST-ZIP		
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
STREET ADDRESS	STREET ADDRESS	6.2 NAME		
CITY-ST-ZIP	CITY-ST-ZIP	6.3 STREET ADDRESS		
		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: *Lester Stewart*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lester Stewart 4-21-98 904-354-5314

Date

Daytime Phone # 0045