

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90163 022 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000024103

1. Corporation Name
COASTAL COMMUNICATIONS TECHNOLOGIES, INC.



Principal Place of Business 7320 ASHLEY SHORES CIRCLE LAKE WORTH FL 33467	Mailing Address 7320 ASHLEY SHORES CIRCLE LAKE WORTH FL 33467
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2520 N.W. 16TH LANE Suite, Apt. #, etc. 22 BAY 9 City & State 23 POMEROY BEACH, FL Zip 24 33064 Country 25 U.S.A.		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 03/12/1998	4. FEI Number 65-0813027 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent POGANY, WAYNE C 7320 ASHLEY SHORES CIRCLE LAKE WORTH FL 33467	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VICE PRESIDENT <input checked="" type="checkbox"/> DELETE	NAME TODD A. ATHEY	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME LORELEI POGANY
STREET ADDRESS 1236 S.W. 9TH ST	CITY-ST-ZIP BOCA RATON, FL 33486	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME LORELEI POGANY
TITLE <input type="checkbox"/> DELETE	NAME	2.3 STREET ADDRESS 7320 ASHLEY SHORES CIRCLE	2.4 CITY-ST-ZIP LAKE WORTH, FL 33467
STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME
TITLE <input type="checkbox"/> DELETE	NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME
TITLE <input type="checkbox"/> DELETE	NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME
TITLE <input type="checkbox"/> DELETE	NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME
TITLE <input type="checkbox"/> DELETE	NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
STREET ADDRESS	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:

WAYNE C. POGANY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/1999
Date

361-434-4379
Daytime Phone #

CR2E034 (11/98)