

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

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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90001 032 ***150.00

UASBU/43

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P98000090728

1. Corporation Name
BI-COASTAL MARKETING, INC.



Principal Place of Business	Mailing Address
394 NORTH CAUSEWAY NEW SMYRNA BEACH FL 32169	394 NORTH CAUSEWAY NEW SMYRNA BEACH FL 32169

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 116 CANAL Street	22 Suite D	26 116 CANAL ST	27 Suite D	10/23/1998	
23 New Smyrna Beach, FL		28 New Smyrna Beach, FL		4. FEI Number	
24 32168	25 Volusia	29 32168	30 Volusia	59-3539041	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
K. JOSEPH SELTER 394 NORTH CAUSEWAY NEW SMYRNA BEACH FL 32169				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
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.					

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		82 Street Address (P.O. Box Number is Not Acceptable)	
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SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, JEFFREY S	1.2 NAME	
STREET ADDRESS	2744 TURNBULL ESTATES DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, LYN B	2.2 NAME	
STREET ADDRESS	2744 TURNBULL ESTATES DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	2.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: _____ Date: 1-15-99 Daytime Phone #: 904-409-7704

CR2E034 (1/198)