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

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PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
99 MAR 18 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000094752

1. Corporation Name
COASTAL ARTISTRY, INC.

Principal Place of Business
8539 ROSALIND AVENUE
CAPE CANAVERAL FL 32920

Mailing Address
8539 ROSALIND AVENUE
CAPE CANAVERAL FL 32920

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/06/1998

4. FEI Number
59-3542974
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business
21 8539 Rosalind Ave
Suite, Apt #, etc.
22
23 City & State: Cape Canaveral Fl
24 Zip: 32920 25 Country: USA

2a. Mailing Address
26 8539 Rosalind Ave
Suite, Apt #, etc.
27
28 City & State: Cape Canaveral Fl
29 Zip: 32920 30 Country: USA

9. Name and Address of Current Registered Agent

BOWMAN, GEORGE J
8539 ROSALIND AVENUE
CAPE CANAVERAL FL 32920

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

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	D	[ ] DELETE	1 1 TITLE [ ] Change [ ] Addition
NAME	BOWMAN, GEORGE J		1 2 NAME
STREET ADDRESS	8539 ROSALIND AVENUE		1 3 STREET ADDRESS
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		1 4 CITY-ST-ZIP
TITLE	D	[ ] DELETE	2 1 TITLE [ ] Change [ ] Addition
NAME	DEAN, WAYNE		2 2 NAME
STREET ADDRESS	206 CAROLINE STREET #604		2 3 STREET ADDRESS
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		2 4 CITY-ST-ZIP
TITLE		[ ] DELETE	3 1 TITLE [ ] Change [ ] Addition
NAME			3 2 NAME
STREET ADDRESS			3 3 STREET ADDRESS
CITY-ST-ZIP			3 4 CITY-ST-ZIP
TITLE		[ ] DELETE	4 1 TITLE [ ] Change [ ] Addition
NAME			4 2 NAME
STREET ADDRESS			4 3 STREET ADDRESS
CITY-ST-ZIP			4 4 CITY-ST-ZIP
TITLE		[ ] DELETE	5 1 TITLE [ ] Change [ ] Addition
NAME			5 2 NAME
STREET ADDRESS			5 3 STREET ADDRESS
CITY-ST-ZIP			5 4 CITY-ST-ZIP
TITLE		[ ] DELETE	6 1 TITLE [ ] Change [ ] Addition
NAME			6 2 NAME
STREET ADDRESS			6 3 STREET ADDRESS
CITY-ST-ZIP			6 4 CITY-ST-ZIP

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CR2E034 (11/98)

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: George J. Bowman 3/15/99 407-868-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR