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

PROFIT
CORPORATION
ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S49574

(4)

COASTAL REALTY SERVICES, INCORPORATED

Principal Place of Business Mailing Address								110	811818 111 WIETW 18191	BIGG EMBE MINI	AINII MIÄRI I		(#/811 //	
5401 W. KENNEDY BLVD SUITE 740 5401 W. KEN TAMPA FL 33609 TAMPA FL 33				NNEDY BLVD., SUITE 740 33609-2447										
								04/	e Incorporated o	r Qualified		ate of Last 19/1996	Report	
2. Principal Fl	lace of Business		2a. Mailing A	ddress					Number			A	pplied	For
21			26					59	<u>+3111666</u>				lot App	olicable
Suite, Apt #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required							
City & State	Ü		City & Sta	ate					tion Campaign F	•	_	\$5.00		
Zip	Country		28		Count		·····		t Fund Contribut			· · · · · · · · · · · · · · · · · · ·	to Fee	
	Country	}				muy		8. This corporation has liability for intangible tax under s. 199.032,						
24	25 29 9. Name and Address of Current Register			30				Florida Statutes Yes X No 10. Name and Address of New Registered Agent						
							Name					Agent		
	KS, LEONARD H.				6		140110							
201 EAST KENNEDY BLVD. SUITE #1516					6	2	Street Addre	iress (P.O. Box Number is Not Acceptable)						
	PA FL 33607				8	3	 	······································		··· · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
					8	4	City					85 Zip	Code	
					1	-	•			14.11 ·····	<u>FL</u>	. ` `		
office or ri agent I a	to the provisions of Sectio egistered agent, or both, i m familiar with, and accep	ns 607.0502 ar n the State of F of the obligation	nd 607.1508, F Florida. Such c ns of, Section 6	lorida Statute hange was a 507.0505, Flo	es, the abo uthorized rida Statut	by es.	named corporation	ion's board	mits this statem of directors. I he	ent for the p ereby accep	ourpose of the app	t changing ointment a	its regis	istered tered
SIGNATURE	- L													
	Signature, typical or printed name of			(NOTE		gen	nt signature require				DATE			
12. TITLE	DP OFF	ICERS AND D		DELETE	13.			ADDI	TIONS/CHANGE	S TO OFFIC	ERS AND			
+	CRENSHAW, CURTIS	A	L) DELETE	1.1 TITLE							L Change	ш	Addition
NAME	16316 VILLARREAL D				1.2 NAM									
STREET ADDRESS		EL AVI					address							
City-St-7iP	TAMPA FL VD			DELETE	1.4 CITY		T-2IP					7 7 60		A data
TITLE	CRENSHAW, BETTY		L.,) DECE IE	2.1 TiTLE							Change	اا	Addition
NAME	16316 VILLARREAL D	EL AVI			2.2 NAM									
STREET ADDRESS	TAMPA FL	CL MAI					ADDRESS							
CITY-ST-ZIP TITLE	STD			DELETE	2. 4 CITY 3.1 TITES		T- ZIP	······				T Oberes		4.44(0)
	LARSON, JEANNINE	r	L	JULLEIL								L. Change		Addition
NAME Danier Address	2908 LAKE STALL LA				3.2 NAM									
STREET ADDRESS	TAMPA FL	u ve					ADDRESS							
CITY-ST-ZIP TITLE	IVINIUIE		-	DELETE	3.4. CITY 4.1 TITLE	· · ·	1-214					Change		Addition
NAME			L.	J DECENE	4.2 NAM							First countries	ш	AUGINON
STREET ADDRESS							ADDRESS							
CHY-ST-ZIP														
TITLE				DELETE	4.4 CITY 5.1 TITLE		- 418	· · · · · ·				Change	Т	Addition
NAME				/-	5.2 NAM				r:			- Simila		
STREET ADDRESS							ADDRESS		F-					
							ŀ		₹					
CITY-ST-ZIP TILLE				DELETÉ	5.4 CITY 6.1 TITLE		" LIT				·	☐ Change		Addition
NAMÉ			h		6.2 NAM									
STREET ADDRESS							ADDRESS							
STILL FRANCOS					U.S.SINE	L! F	UNDUESO							

14. I do 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, 33 if changed, or on an attachment with an address.