, FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE					
CORF ANNU	PORATION AL REPORT 1996	Sandra B Secretary	. Mortham		
DOCUMENT # 585293 (6) 1. Corporation Name COAST INVESTMENT SOFTWARE INC					
Principal Place of Businoss Malling Address					
SARASOTA FL 34141 SAM			AM e	3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number	Applied For
21 6907	MIDNIGHT PASS	26 6907 MIDIYI	22 RA THU	59-3086657	Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State 28 SARASO 7 A	FL .	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Addied to Fees
24 342	Country	Zip 2014	Country 30	8. This corporation has liability for in Florida Statutes Yes	
24 5 -12	9. Name and Address of Current F			10. Name and Address of New R	
DINAPOLI JOY					
6907 MIDNIGHT PASS 82 Street Address (P.O. Box Number is Not Acceptable)					
[63]					
SARASOTA FL 34142 B4 City					FL 85 Zip Code
or registere familiar wit SIGNATURE	o the provisions of Sections 607.0502 a ed agent, or both, in the State of Florida th, and accept the obligations of, Section	Such change was authorized 607.0505, Florida Statutes.	the above-named corpora by the corporation's board Registered Agent signature required	o of directors. I nereby accept the appointment of the properties	pose of changing its registered office bintment as registered agent. I am
12.	Signature, typed or printed name of registered agent are OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	PTSA	DELETE	1. 1 TITLE		Creange T Applica
NAME STREET ADDRESS	DIMAPOLI, JOP 6907 MIDMINET P	ACS	1.2 NAME 1.3 STREET ADDRESS		2000
CITY-ST-ZIP	SARASOTA FL	74747	1.4 CITY - ST - ZIP		
TITLE		DELETE	2 1 TITLE 2 2 NAME		Change Addition
NAME STREET ADDRESS			2 3 STREET ADDRESS		
CITY - ST - ZIP			24 CITY - ST - ZIP		Choose D Addition
TITLE		☐ DELETE	3 1 TITLE :		☐ Change ☐ Addition
NAME STREET ADDRESS			33 STREET ADDRESS		
CHY-ST-ZIP			3.4 CITY - ST - ZIP		Change Addition
TITLE NAME		DEFELE	4. 1 TITLE 4.2 NAME	والمساور المراجعين يمسر يمسر يمسر المساور واستراك	
STREET ADDRESS			4.3 STREET ADDRESS	10000180 -05/03/96010 ***200.00	J6181 118022
CITY-S1-ZIP		F DELETE	4.4 CITY - ST - ZIP	***2 00.00	Change Addition
TITLE NAME		☐ DELETE	5 1 TITLE 52 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
TITLE NAME		C perce	6.2 NAME		المناه ال
STREET ADDRESS			6.3 STREET ADDRESS		
CHY-ST-ZIP	by certify that the information supplied wi	th this filing is voluntarily furni	64 CITY-ST-ZIP shed and does not qualify for	or the exemption stated in Section 119	.07(3)(k), Florida Statutes. I further
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 logal 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: SIGNATURE SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DELLE PRESIDENT 4/20/96 3801					