

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

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**Mar 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S87215 (7)
1. Corporation Name
COASTAL BUILDING SERVICE CORP.



Principal Place of Business: **831 VILLAGE BLVD. 807-335 WEST PALM BEACH FL 33409 US**

Mailing Address: **831 VILLAGE BLVD. 807-335 WEST PALM BEACH FL 33409-1944 US**

3. Date Incorporated or Qualified: **10/14/1991**

3a. Date of Last Report: **06/21/1996**

2. Principal Place of Business (21-23): State, Apt. #, etc.; City & State; Zip; Country

2a. Mailing Address (26-30): State, Apt. #, etc.; City & State; Zip; Country

4. FEI Number: **65-0312486**

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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**WILLIAM SCHULER
105 S. HAMPTON DRIVE
JUPITER FL 33458**

10. Name and Address of New Registered Agent

81 Name: **William Schuler**

82 Street Address (P.O. Box Number is Not Acceptable): **913 Village Blvd.**

83

84 City: **West Palm Beach** FL 85 Zip Code: **33409-1944**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	William Schuler <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULER, WILLIAM	1.2 NAME	officer
STREET ADDRESS	105 S. HAMPTON DRIVE	1.3 STREET ADDRESS	913 Village Blvd.
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	West Palm Beach, FL 33409-1944
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **3-21-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)