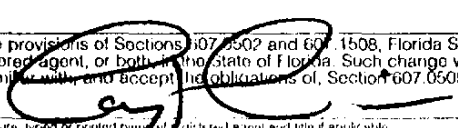
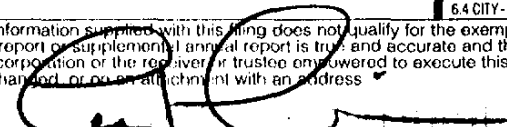


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S90299 (6) 1. Corporation Name COASTAL PLASTICS AND SUPPLY, INC.			
Principal Place of Business 6101 RIDGE ROAD PORT RICHEY FL 34668 US		Mailing Address 6101 RIDGE ROAD PORT RICHEY FL 34668 US	
2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 10/28/1991			
4. FEI Number 59-3093217			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent SASSER, DAVID C. 161 EAST JEFFERSON ST. BROOKSVILLE FL 34801		10. Name and Address of New Registered Agent 81 Name LIVERMAN, LARRY J. 82 Street Address (P.O. Box Number Is Not Acceptable) 6101 RIDGE ROAD 83 84 City PORT RICHEY FL 85 Zip Code 34668	
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			
1.1 TITLE <input checked="" type="checkbox"/> DELETE			
1.2 NAME JOHNSON, DAVID B.			
1.3 STREET ADDRESS 8524 REESE ST.			
1.4 CITY-ST-ZIP PORT RICHEY FL			
2.1 TITLE <input checked="" type="checkbox"/> DELETE			
2.2 NAME JOHNSON, WAYNE D.			
2.3 STREET ADDRESS 8524 REESE ST.			
2.4 CITY-ST-ZIP PORT RICHEY FL			
3.1 TITLE <input type="checkbox"/> DELETE			
3.2 NAME LIVERMAN, LARRY			
3.3 STREET ADDRESS 8524 REESE ST			
3.4 CITY-ST-ZIP PORT RICHEY FL			
4.1 TITLE <input type="checkbox"/> DELETE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE <input type="checkbox"/> DELETE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> DELETE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME P.T. LIVERMAN, LARRY J.			
3.3 STREET ADDRESS 18526 DRAYTON ST.			
3.4 CITY-ST-ZIP SPRING HILL, FL 34610-7014			
4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME V.P.S. LIVERMAN, MARTHA J.			
4.3 STREET ADDRESS 18526 DRAYTON ST.			
4.4 CITY-ST-ZIP SPRING HILL, FL 34610-7014			
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME			
6.3 STREET ADDRESS			
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 supplement I 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: 			



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)