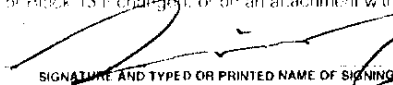


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 24 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 # V 41590 1. Corporation Name COASTAL DUCT SYSTEMS, INC.			
Principal Place of Business 130 N.W. 158 LN. PEMBROKE PINES, FL. 33028		Mailing Address 130 N.W. 158 LN. PEMBROKE PINES, FL. 33028	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	JUNE 4, 1992	4-99
22. City & State	27. City & State	4. FEI Number	Applied For
23. Zip	28. Zip	05-0337178	Not Applicable
24. Country	29. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30. Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BRIAN BOZER 130 N.W. 158 LN. PEMBROKE PINES, FL. 33028		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. Zip Code	
		FL	
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	BRIAN BOZER - PRES. ☐ DELETE ☒ DIR.	1.1 TITLE	☐ Change ☐ Addition
NAME	130 N.W. 158 LN.	1.2 NAME	
STREET ADDRESS	PEMBROKE PINES, FL.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	33028	1.4 CITY-STATE-ZIP	
TITLE	CHARLES DUFFY V.P. ☐ DELETE ☐	2.1 TITLE	☐ Change ☐ Addition
NAME	1915 S.W. 99 AVE.	2.2 NAME	
STREET ADDRESS	MIRAMAR, FL.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	33025	2.4 CITY-STATE-ZIP	
TITLE	☐ DELETE ☐	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	☐ DELETE ☐	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	☐ DELETE ☐	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	☐ DELETE ☐	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 included 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.		VB 3-24 600002122016 -03/24/97--01132--013 ***165.00	
SIGNATURE: 		BRIAN BOZER PRES. 3/13/97 954-450-1334 Date: _____ Daytime Phone: _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		FILE NO. 1797	

CR2E034 (9/96)