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FILED  
May 09 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 # F96000002481 (7)

1. Corporation Name  
COAST NATIONAL INSURANCE COMPANY

Principal Place of Business

Mailing Address

6067 HOLLYWOOD BLVD  
HOLLYWOOD FL 33024

6067 HOLLYWOOD BLVD  
HOLLYWOOD FL 33024-7835

3. Date Incorporated or Qualified

05/17/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SIMON, DON  
6067 HOLLYWOOD BLVD  
HOLLYWOOD FL 33024

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Sign where, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                | STREET ADDRESS               | CITY - ST - ZIP   | DELETE                   |
|-------|---------------------|------------------------------|-------------------|--------------------------|
| DCP   | ROSNER, DAVID N     | 19707 TURNBERRY WAY AVENTURA | DADE FL           | <input type="checkbox"/> |
| D     | ROSNER, JEFFREY     | 2651 PARKVIEW DR             | HALLANDALE FL     | <input type="checkbox"/> |
| D     | SCHLESINGER, LESLIE | 3710 NW 53 ST                | BOCA RATON FL     | <input type="checkbox"/> |
| D     | ORMA, FRANK         | 27192 VIA BURGOS             | MISSION VIEJO CA  | <input type="checkbox"/> |
| V     | JONES, BRIAN C      | 21691 ZAMORA LN              | HUNTINGTON BCH CA | <input type="checkbox"/> |
| ST    | SUTTON, RANDY       | 1446 LENOX AVE               | MIAMI BCH FL      | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change                              | Addition                 |
|-----------|----------|--------------------|---------------------|-------------------------------------|--------------------------|
| D         |          |                    |                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY - ST - ZIP | Change                              | Addition                 |
| V D       |          |                    |                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY - ST - ZIP | Change                              | Addition                 |
| P D       |          |                    |                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY - ST - ZIP | Change                              | Addition                 |
| V         |          |                    |                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY - ST - ZIP | Change                              | Addition                 |
|           |          |                    |                     | <input type="checkbox"/>            | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY - ST - ZIP | Change                              | Addition                 |
| STD       |          |                    |                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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:

*Randy D. Sutton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANDY D. SUTTON 4/29/97 (54) 985-4200

Date

Daytime Phone #

0133982

CR2E034 (9/96)