

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 21 AM 8:56

DOCUMENT # **P94000052942 (7)**

1. Corporation Name

**SOUTHCOAST MORTGAGE CORP.**

Principal Place of Business

217 N.W. 95TH TERRACE  
CORAL SPRINGS FL 33511

Mailing Address

217 N.W. 95TH TERRACE  
CORAL SPRINGS FL 33511

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/18/1994**      3a. Date of Last Report

4. FBI Number **65-0505663**      Applied For  
Not Applicable

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. 109.032, Florida Statutes  Yes  No

2. Principal Place of Business

21 **9855 W. Sample Rd.**

Suite, Apt. #, etc.

22

City & State

23 **CORAL SPRINGS FL**

Zip      Country

24 **33065**      25

2a. Mailing Address

26 **9855 W Sample Rd.**

Suite, Apt. #, etc.

27

City & State

28 **CORAL SPRINGS FL**

Zip      Country

29 **33065**      30

9. Name and Address of Current Registered Agent

**FLINGS INC.  
3732 N.W. 16TH ST.  
FT LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

81 Name **CARLO J. CARAMANNA**  
82 Street Address (P.O. Box Number is Not Acceptable) **9855 W. Sample Rd.**  
83  
84 City **CORAL SPRINGS**      FL      85 Zip Code **33065**

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

*[Signature]*

NOTE: Registered Agent signature required when re-registering

1/27/95

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>CARAMANNA, CARLO J</b>
STREET ADDRESS	<b>217 N.W. 95TH TERRACE</b>
CITY- ST- ZIP	<b>CORAL SPRINGS FL 33511</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 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 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/95