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Feb 05 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 273932 (4)</b> 1. Corporation Name <b>COASTAL INSURANCE SERVICE, INC.</b>			
Principal Place of Business <b>201-205 S PINELLAS AVE.</b> <b>TARPON SPRINGS FL 34689</b>		Mailing Address <b>201-205 S PINELLAS AVE.</b> <b>TARPON SPRINGS FL 34689-3633</b>	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt #, etc. 22		Suite, Apt #, etc. 27	
City & State 23		City & State 28	
Zip 24		Country 25	
Country 25		Zip 29	
Country 29		Country 30	
9. Name and Address of Current Registered Agent <b>KAVOUKLIS, ANGELIKI M</b> <b>385 BANANA ST.</b> <b>TARPON SPRINGS FL 34689</b>			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
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 TITLE NAME STREET ADDRESS CITY-ST-ZIP P <b>CRETEKOS, BETTY J</b> <b>ST. GEORGES LODGE #3379</b> <b>TARPON SPRINGS FL 34688</b> V <b>GAUSE, ROBERT P</b> <b>1316 BELCHER DRIVE</b> <b>TARPON SPRINGS FL 34689</b> S <b>SWARTSEL, E. F.</b> <b>4419 GRAND BLVD.</b> <b>ELFERS FL 34680</b> T <b>TARAPANI, ABE L</b> <b>750 BAYSHORE DRIVE</b> <b>TARPON SPRINGS FL 34689</b> D <b>GIANESKIS, GRACE</b> <b>853 OAKWOOD DR</b> <b>TARPON SPRINGS FL 34689</b> D <b>STEVENS, JAMES M</b> <b>35 WEST LEMON STREET</b> <b>TARPON SPRINGS FL 34689</b>			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: <b>BETTY J CRETEKOS, PRESIDENT</b> 1/27/97 (813) 942-2000 Ext 3379			

CR2E034 (9/96)