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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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CORPORATION  
ANNUAL REPORT  
1995

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



DOCUMENT # 688693 (1)  
1. Corporation Name  
COTERIA HOLDINGS, INC.

Principal Place of Business Mailing Address  
C/O RICHARD D. SABA, ESQ.  
1390 MAIN STREET, STE #824  
SARASOTA FL 34236-5678

3. Date Incorporated or Qualified 09/23/1980 3a. Date of Last Report 05/01/1994  
4. FEI Number 59-2114547 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. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 2033 Main Street 26 2033 Main Street  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Suite 303 27 Suite 303  
City & State City & State  
23 Sarasota, FL 28 Sarasota, FL  
Zip Country Zip Country  
24 34237 25 Country 29 34237 30 Country

9. Name and Address of Current Registered Agent  
SABA, RICHARD D.  
1390 MAIN STREET  
SUITE 824  
SARASOTA FL 34236

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
2033 Main Street  
83 Suite 303  
84 City Sarasota FL 85 Zip Code 34237

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PAS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILB, FRANCIS, SR.	12 NAME	
STREET ADDRESS	1390 MAIN ST STE 824	13 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA, FL 00000	14 CITY - ST - ZIP	400001430454
TITLE	VSD	21 TITLE	03/15/95 - 01000000 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILB, ELSA	22 NAME	***200.00 ***200.00
STREET ADDRESS	1390 MAIN ST STE 824	23 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA, FL 00000	24 CITY - ST - ZIP	
TITLE	VD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILB, LESLEY	32 NAME	
STREET ADDRESS	1390 MAIN ST STE 824	33 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA, FL 00000	34 CITY - ST - ZIP	
TITLE	TD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILB, FRANCIS, JR.	42 NAME	
STREET ADDRESS	1390 MAIN ST STE 824	43 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA, FL 00000	44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	T.S. 3/13/95
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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; that 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 change of report, or change of officer/director with an address.

SIGNATURE: \_\_\_\_\_ DATE: FEBRUARY 1995  
FRANCIS HILB, SR. (Typed Name)