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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F9600000648

Coast Security Mortgage, Inc.

FILED
Jun 24 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address										
	500 North State	College Roul	Averd 9	i + 4	800					
500 North State College Boulevard, Suite 800 Orange, California 92668					5 000	3. Date Incorporated or Qualified 3a. Date of Last Report 02/08/96				
⊢ '	Place of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Number		Applied For		
21		26				33-0584893		Not Applicable		
Suite, Ap		Suite Apt. #, etc 27				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Sti	ate	 - - - - - - - - - -	City & State			6. Election Campaign Financing	Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Z(p)		Country	,	This corporation has liability for in				
24	25 29 30						Yes X No	uci s. 189.032,		
	9. Name and Address of Cur			Ţ 		10. Name and Address of New Reg				
				81	Name					
Levis	Document Services,	Inc.			Chrost Aslan	(D.O. Clay N. Jackson in No. 1 Accessed				
3053 t	WW Kelly Road	11101		82	Street Anai	dress (P.O. Box Number is Not Acceptable)				
Tellal	haceee Floride 323	11		83				*		
Tallahassee, Florida 32311				84	City		 85	Zip Code		
			· · · · · · · · · · · · · · · · · · ·			poration submits this statement for the pu	┡┖╎	,		
agent. SIGNATURE	Signature typed or partied name of registered		(NOTE Regis			tion's board of directors. I hereby accept red when reinstaling) ADDITIONS/CHANGES TO OFFICE	DATE			
TOLE	T OF HELMS?			1.1 TillE	Т		Cha			
NAME		ι.,		1.2 NAM[President	L Clia	inge Addition		
STREET ADDRESS	e e			1.3 STREET	ADDOCCC	Mark Chisick				
CHY-ST-ZIP				1.4 CHY-S		500 N. State College Bl	vd Ste 800) Oranno CA		
TITLE				7 1 TIRE	- 111		-,			
NAMÉ						Vice President.	Cha	noe Addition		
STREET ADDRESS	2		2	2 2 NAME		Vice President, Secretary: Brad Ch	☐ Cha	ange Addition		
					ADDRESS	Secretary; Brad Ch	□ Cha nisick	ange 🔲 Addition		
CITY - ST - ZIP			2	23 STREET			□ Cha nisick	ange 🔲 Addition		
CITY-ST-ZIP TITLE			2		81 - ZUP	Secretary; Brad Ch	□ Cha nisick	onge [] Addition		
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I for hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver or truspec empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 165 changed on your mittachment with an address.

SIGNATURE

ATURE AND THE OR PRINTED MAME OF SIGNING OFFICER OR DIRECT

BRAD CHISICK, V.P. 66-97 714-978-5858