FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90125 018 ***150.00

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DOCUMENT # **F96000002481**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/17/1996

2. Principal Place of Business	2a. Mailing Address
21 5701 STIRLING ROAD	26 5701 STIRLING ROAD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 DAVIE, FLORIDA	City & State 28 DAVIE, FLORIDA
Zip / Country 24 33314-7431 25 U.S.A.	Zip / Country 29 33314-7431 30 U.S.A.

4. FEI Number: 33-0246701 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SIMON, DON
6067 HOLLYWOOD BLVD
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 5701 STIRLING ROAD
83
84 City: DAVIE **FL** 85 Zip Code: 33314

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	VD	☐ Change ☒ Addition
NAME	ROSNER, DAVID N		1.2 NAME	JAMES RITTER	
STREET ADDRESS	19707 TURNBERRY WAY AVENTURA		1.3 STREET ADDRESS	5555 GARDEN GROVE BOULEVARD	
CITY-ST-ZIP	DADE FL		1.4 CITY-ST-ZIP	WESTMINSTER, CA 92683	
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	ROSNER, JEFFREY		2.2 NAME		
STREET ADDRESS	2651 PARKVIEW DR		2.3 STREET ADDRESS	5701 STIRLING ROAD	
CITY-ST-ZIP	HALLANDALE FL		2.4 CITY-ST-ZIP	DAVIE, FLORIDA 33314	
TITLE	PD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	SCHLESINGER, LESLIE		3.2 NAME		
STREET ADDRESS	3710 NW 53 ST		3.3 STREET ADDRESS	5701 STIRLING ROAD	
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	DAVIE, FLORIDA 33314	
TITLE	V	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	ORMA, FRANK		4.2 NAME	DONALD SIMON	
STREET ADDRESS	27192 VIA BURGOS		4.3 STREET ADDRESS	5701 STIRLING ROAD	
CITY-ST-ZIP	MISSION VIEJO CA		4.4 CITY-ST-ZIP	DAVIE, FLORIDA 33314	
TITLE	V	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JONES, BRIAN C		5.2 NAME		
STREET ADDRESS	21691 ZAMORA LN		5.3 STREET ADDRESS		
CITY-ST-ZIP	HUNTINGTON BCH CA		5.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	SUTTON, RANDY		6.2 NAME		
STREET ADDRESS	1446 LENOX AVE		6.3 STREET ADDRESS	5701 STIRLING ROAD	
CITY-ST-ZIP	MIAMI BCH FL		6.4 CITY-ST-ZIP	DAVIE, FLORIDA 33314	

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Randi Sutton RANDY D. SUTTON 4/30/99 (954) 316-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #