

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

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000004591 (0)

1. Corporation Name

NORTH COAST SECURITIES CORPORATION

Principal Place of Business

1640 SCHOOL ST.
MORAGA CA 94556

Mailing Address

1640 SCHOOL ST.
MORAGA CA 94556



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1640 SCHOOL ST		26 1640 SCHOOL ST		09/02/1997	
22 STE 105		27 STE 105		4. FEI Number	
23 MORAGA CA		28 MORAGA CA		94-3192384	
24 94556		29 CONTRA COSTA		5. Certificate of Status Desired	
25 CONTRA COSTA		30 CONTRA COSTA		<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible	
				Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

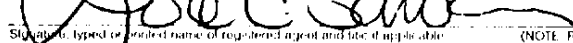
SARIAN, LORI
4545 N. BARWICK CIRCLE
DEL RAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name SARIAN, LORI
82 Street Address (P.O. Box Number is Not Acceptable)
4781 W ATLANTA, STE B-10
83
84 City DELRAY FL 85 Zip Code 33445

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 typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

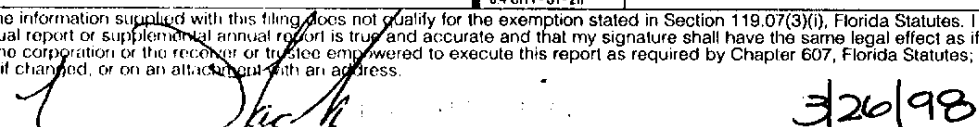
3/27/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPST	1.1 TITLE	CPST
NAME	TACHEIRA, VICTORIAANN	1.2 NAME	TACHEIRA, VICTORIAANN
STREET ADDRESS	1640 SCHOOL ST.	1.3 STREET ADDRESS	1640 SCHOOL ST STE 105
CITY-ST-ZIP	MORAGA CA 94556	1.4 CITY-ST-ZIP	MORAGA CA 94556
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:



CR2E034 (10/97)