

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathew  
Secretary of State  
Tallahassee, Florida 32399

APPROVED  
AND  
FILED

15 MAY - 1995 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K07157 (6)**  
COAST TO COAST MORTGAGE SERVICES OF FLORIDA, INC

1. Principal Office Address	Main Address
% JACK WM. WINDT 2389 RINGLING BOULEVARD SUITE A SARASOTA FL 34237	% JACK WM. WINDT 1751 MOUND ST 106 SARASOTA FL 34236 US

2. Principal Place of Business	2a. Mailing Address
21. 1751 Mound St #106	26. 1751 Mound St #106
22. Sarasota, FL	27. Sarasota, FL
23. SARASOTA	28. SARASOTA
24. FL	25. SARASOTA
29. 34236	30. US

3. Date incorporated or qualified	3a. Date of last report
12/16/1987	04/25/1994
4. FE Number	Approved For
65-0015451	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has initially or subsequently received a 1994-1995 Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WINDT, JACK WM. 2389 RINGLING BOULEVARD SUITE A SARASOTA FL 34237	81. Name: K. JAMES ANDREWS
	82. Street Address (P.O. Box Number is Not Applicable): 1911 ROLLING GREEN CIR.
	83. City, State, and Zip: SARASOTA FL 34240

11. Pursuant to the provisions of Sections 607.0602 and 607.1401, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the 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 607.0602, Florida Statutes.

SIGNATURE: *K. James Andrews* 4-30-95

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)																																								
<table border="1"> <tr> <td>OFFICER</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY, STATE, ZIP</td> </tr> <tr> <td>PTS</td> <td>ANDREWS, K. JAMES JR</td> <td>1751 MOUND ST S106</td> <td>SARASOTA FL</td> </tr> <tr> <td>VP</td> <td>ANDREWS, CINDY T</td> <td>1751 MOUND ST S106</td> <td>SARASOTA FL</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	OFFICER	NAME	STREET ADDRESS	CITY, STATE, ZIP	PTS	ANDREWS, K. JAMES JR	1751 MOUND ST S106	SARASOTA FL	VP	ANDREWS, CINDY T	1751 MOUND ST S106	SARASOTA FL																													<input type="checkbox"/> Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <p><b>NO VICE PRESIDENT</b></p> <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME	STREET ADDRESS	CITY, STATE, ZIP																																						
PTS	ANDREWS, K. JAMES JR	1751 MOUND ST S106	SARASOTA FL																																						
VP	ANDREWS, CINDY T	1751 MOUND ST S106	SARASOTA FL																																						

14. I, the undersigned, certify that the information supplied with this filing is voluntarily prepared and filed and equally for the purposes stated in sections 607.0602 and 607.1401, Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if the person affixing that signature were a shareholder of the corporation or the name of his or her authorized representative. I have read the provisions of Chapter 607, Florida Statutes, and that my name appears in Block 1, of Block 13 of this report or in an attached form with an address.

SIGNATURE: *K. James Andrews* 4-30-95 813 3657340  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
K. JAMES ANDREWS