

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Office Address % JACK WM. WINDT 2389 RINGLING BOULEVARD SUITE A SARASOTA FL 34237	Main Address % JACK WM. WINDT 1751 MOUND ST 106 SARASOTA FL 34236 US
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2. Principal Place of Business 21 1751 Mound St #106	2a. Mailing Address 26
22 State Apt. # etc.	27 State Apt. # etc.
23 City & State SARASOTA	28 City & State
24 Zip FL	25 Country USA
29 34236	30

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

9. Name and Address of Current Registered Agent
**WINDT, JACK WM.
2389 RINGLING BOULEVARD SUITE A
SARASOTA FL 34237**

10. Name and Address of New Registered Agent

81 Name K. JAMES ANDREWS
82 Street Address (P.O. Box Number is Not Applicable) 1911 ROLLING GREEN CIR.
83
84 City SARASOTA
85 State FL
86 Zip Code 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 or principal place of business 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

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		

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP	Change	Addition
						<input checked="" type="checkbox"/>	<input type="checkbox"/>
NO VICE PRESIDENT							
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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 this report as prepared by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13 if changed, or on 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