

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathem
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	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. FIC 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
8. This corporation has, within the last 12 months, been convicted of a crime under Florida Statutes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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. City	
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 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

OFFICER	PTS
NAME	ANDREWS, K. JAMES JR
STREET ADDRESS	1751 MOUND ST S106
CITY	SARASOTA FL
OFFICER	VP
NAME	ANDREWS, CINDY T
STREET ADDRESS	1751 MOUND ST S106
CITY	SARASOTA FL
OFFICER	
NAME	
STREET ADDRESS	
CITY	
OFFICER	
NAME	
STREET ADDRESS	
CITY	
OFFICER	
NAME	
STREET ADDRESS	
CITY	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS		
3. CITY		
4. NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS		
6. CITY		
7. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		
9. CITY		
10. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS		
12. CITY		
13. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		
15. CITY		

NO VICE PRESIDENT

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 duly authorized officer or director of the corporation. I have also empowered the person who has signed this report as prepared by Chapter 607, Florida Statutes, and that my name appears in Block 1, of Block 1 of this report, as an officer named 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