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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED

Jun 16 1997 8:00am

Secretary of State

1997

DOCUMENT # K07157

(6)

COAST TO COAST MORTGAGE SERVICES OF FLORIDA, INC Principal Place of Business Mailing Address ** JACK WAL WINDT 2389 RINGLING BOULEVARD SUITE A *** TOST MOUND ST 106							
SARASOTA FL US	. 34237	SARASOTA FL 34236-775 US	2		3. Date Incorporated or Qualified	30 0	Pale of Last Report
00					12/16/1987		/01/1996
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0015451		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	×	\$8.75 Additional Fee Required
City & State		Crty & State			6. Election Campaign Financing	_	\$5.00 May Be
23		[28]			Trust Fund Contribution	Ц	Added to Fees
Zip	Country 26	7ip	Countr 30	У	This corporation has liability for Florida Statutes		e tax under s. 199.032, No
24 26 26 P. Name and Address of Curre					10. Name and Address of New Registered Agent		
ANDREWS, K JAMES			81	Name			
1911 ROLLING GREEN CIRCLE SARASOTA FL 34240					Address (P.O. Box Number is Not Acceptable)		
			83			FL	85 Zip Code
office or agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and coept the obli-	of florida Sout change was ations of Section 697 505, F	authorized b lorida Statute	y the corpora	poration submits this statement for the tition's board of directors. I have been considered when reinstating)	pt the ap	pointment as registered 5 - 3 - 27
12.		ID DIRECTORS	13.	on ognative redo	ADDITIONS/CHANGES TO OFFI		D DIRECTORS IN 12
TITLE	PTS	DELETE	1.1 11TLE				Change Addition
NAME	ANDREWS, K. JAMES JR	1.2 NA					•
STREET ADDRESS	1751 MOUND ST S106	1.3 \$1		1 ADDRESS			
CITY-ST-ZIP	SARASOTA FL		1.4 CITY -	S1-ZIP			
TITLE		DELETE	2.1 TITLE				☐ Change ☐ Addition
NAME			2.2 NAME	ĺ			
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP TITLE		DECETE	2 4 C/TY - 3 1 T/TLE	·SI · ZIP			Change Addition
NAME		End Diction	3.2 NAME				El grando El Vagarión
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	\		3.4. CITY-	į.			
TITLE		DELETE	4.1 TITLE	J. 11			☐ Change ☐ Addition
NAME			4. 2 NAME				<u> </u>
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	1		4.4 CITY-				
TITLE		DELETE	5.1 TITLE				☐ Change ☐ Addition
NAME	1		5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		DELETE	6.1 TITLE				☐ Change ☐ Addition
NAME			6.2 NAME	İ			
STREET ADDRESS			6 3 STREE	T ADDRESS			
AITY DT TIA	1		4.4000	or 3:0			

14. I do 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 69. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed and an attachment with a paddress.