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Secretary of State

06-01-1999 90011 044 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # K07157

1. Corporation Name
COAST TO COAST MORTGAGE SERVICES OF FLORIDA, INC



Principal Place of Business
1751 MOUND STREET #106
2389 RINGLING BOULEVARD SUITE A
SARASOTA FL 34237
 US

Mailing Address
1751 MOUND ST 106
SARASOTA FL 34236
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/16/1987

4. FEI Number
65-0015451

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 [] 22 [] 23 [] 24 []

2a. Mailing Address

26 [] 27 [] 28 [] 29 [] 30 []

9. Name and Address of Current Registered Agent

ANDREWS, K JAMES
1911 ROLLING GREEN CIRCLE
SARASOTA FL 34240

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 []
 84 City **FL** 85 Zip Code

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 *K. James Andrews* DATE **APRIL 30 1999**

12. OFFICERS AND DIRECTORS

TITLE [] DELETE
 NAME **PTS ANDREWS, K. JAMES JR**
 STREET ADDRESS **1751 MOUND ST S106**
 CITY-ST-ZIP **SARASOTA FL**

TITLE [] DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE [] DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE [] DELETE
 NAME
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 CITY-ST-ZIP

TITLE [] DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE: *K. James Andrews* DATE **APRIL 30 1999** Daytime Phone # **941 365 7340**

CR2E034 (1/98)