

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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K48993** (5)
1. Corporation Name
GULF COAST TITLE INSURANCE AGENCY, INC.



Principal Place of Business C/O KIM K. PROPP 2450 TAMiami TR., UNIT B PT. CHARLOTTE FL 33952 US	Mailing Address C/O KIM K. PROPP 2450 TAMiami TR., UNIT B PT. CHARLOTTE FL 33952 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/05/1988	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 65-0084469	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	28 Zip	30 Country	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PROPP, KIM K.
2450 TAMiami TR.
UNIT B
PT. CHARLOTTE FL 33952**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	PSD
NAME	PROPP, KIM K.	1.2 NAME	PROPP, Kim K.
STREET ADDRESS	2450 TAMiami TR., UNIT B	1.3 STREET ADDRESS	2450 TAMiami TR., Unit B
CITY-ST-ZIP	PT. CHARLOTTE FL	1.4 CITY-ST-ZIP	pt. Charlotte FL 33952
TITLE	VD	2.1 TITLE	VD
NAME	PROPP, CHARLES F.	2.2 NAME	Charles F. Propp
STREET ADDRESS	2450 TAMiami TR, UNIT B	2.3 STREET ADDRESS	2450 TAMiami TR. Unit B
CITY-ST-ZIP	PT CHARLOTTE FL	2.4 CITY-ST-ZIP	pt. Charlotte FL 33952
TITLE	TD	3.1 TITLE	TD
NAME	PROPP, JOAN K.	3.2 NAME	PROPP, JOAN K
STREET ADDRESS	15081 N. MALLARD LANE	3.3 STREET ADDRESS	P.O. Box 1827 N/A
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	Ft. MYERS, FL 33902
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

Kim K. Propp

3.3.98 (94) 124-2535

CR2E034 (10/97)