FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L20120** **(6)**

1. Corporation Name

FLORIDA COAST INSURANCE, INC.

Principal Place of Business	Mailing Address
4950 S.W. 72ND AVE MIAMI FL 33155 US	4950 S.W. 72ND AVE MIAMI FL 33155 US

3. Date Incorporated or Qualified: **10/03/1989**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 200 S Andrews Ave
Suite, Apt. #, etc.
22 6th Floor
City & State
23 Ft. Lauderdale FL
Zip 24
Country 25 USA

2a. Mailing Address
26 200 S Andrews Ave
Suite, Apt. #, etc.
27 6th Floor
City & State
28 Ft. Lauderdale FL
Zip 29
Country 30 USA

4. FEI Number: **65-0175122** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AWNER, JONATHAN L.
801 BRICKELL AVE
24TH FLOOR
MIAMI FL 33131

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	ROCHON, RICHARD C.		1.2 NAME	Rochon Richard C
STREET ADDRESS	100 N.E. 3RD AVE		1.3 STREET ADDRESS	200 S Andrews Avenue, 6th Floor
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	Ft Lauderdale FL
TITLE	DPST	☐ DELETE	2.1 TITLE	DPST ☒ Change ☐ Addition
NAME	CARRIERO, EDWARD M JR		2.2 NAME	Carriero, Edward M. Jr
STREET ADDRESS	4950 SW 72ND AVE		2.3 STREET ADDRESS	200 S Andrews Avenue 6th Floor
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Ft Lauderdale FL
TITLE	D	☐ DELETE	3.1 TITLE	D ☒ Change ☐ Addition
NAME	PIERCE, WILLIAM		3.2 NAME	Pierce William
STREET ADDRESS	4950 SW 72ND AVE		3.3 STREET ADDRESS	200 S Andrews Avenue, 6th Floor
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Ft. Lauderdale FL
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Richard M. Carriero Jr. 6/7/96 (305) 986-9335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #