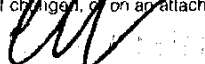


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
FILED

1997 APR 30 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997				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 200 S. ANDREWS AVE 6TH FLOOR FT. LAUDERDALE FL 33155 US		Mailing Address 200 S. ANDREWS AVE. 6TH FL. FT. LAUDERDALE FL 33301-1884 US			
2. Principal Place of Business 21 450 EAST LAS OLAS BLVD		2a. Mailing Address 26 450 EAST LAS OLAS BLVD		3. Date Incorporated or Qualified 10/03/1989	
Suite, Apt. #, etc. 22 Suite 1500		Suite, Apt. #, etc. 27 Suite 1500		3a. Date of Last Report 06/14/1996	
City & State 23 FT. LAUDERDALE FL		City & State 28 FT. LAUDERDALE FL		4. FEI Number 65-0175122	
Zip 24 33301		Zip 29 33301		Applied For Not Applicable	
Country 25 USA		Country 30 USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
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.		81 Name		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
SIGNATURE		82 Street Address (P.O. Box Number is Not Acceptable)		83	
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		84 City		85 Zip Code	
DATE		FL			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE ☐ DELETE		1.1 TITLE ☒ Change ☐ Addition			
NAME D ROCHON, RICHARD C.		1.2 NAME			
STREET ADDRESS 200 S. ANDREWS AVE., 6TH FL.		1.3 STREET ADDRESS 450 E LAS OLAS BLVD 15 FLOOR			
CITY-ST-ZIP FT. LAUDERDALE FL		1.4 CITY-ST-ZIP FT LAUDERDALE FL 33301			
TITLE ☐ DELETE		2.1 TITLE ☒ Change ☐ Addition			
NAME DPS CARRIERO, EDWARD M JR		2.2 NAME			
STREET ADDRESS 200 S. ANDREWS AVE. 6TH FL		2.3 STREET ADDRESS 450 E LAS OLAS BLVD 15 FL			
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP FT LAUDERDALE FL 33301			
TITLE ☐ DELETE		3.1 TITLE ☒ Change ☐ Addition			
NAME D PIERCE, WILLIAM		3.2 NAME			
STREET ADDRESS 200 S. ANDREWS AVE., 6TH FL		3.3 STREET ADDRESS 450 EAST LAS OLAS BLVD 15 FLOOR			
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP FT LAUDERDALE FL 33301			
TITLE ☐ DELETE		4.1 TITLE ☐ Change ☒ Addition			
NAME CRIS V BRANDON		4.2 NAME			
STREET ADDRESS 450 E LAS OLAS BLVD		4.3 STREET ADDRESS 450 E LAS OLAS BLVD 15 FLOOR			
CITY-ST-ZIP		4.4 CITY-ST-ZIP FT LAUDERDALE FL 33301			
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			
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			
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 its 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: 		CRIS V BRANDON		4-24-97 954-627-5000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



CR2E034 (9/96)