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	Mailing Address
~~200 S. ANDREWS AVE~~ ~~6TH FLOOR~~ ~~FT. LAUDERDALE FL 33155~~ ~~US~~	~~200 S. ANDREWS AVE.~~ ~~6TH FL.~~ ~~FT. LAUDERDALE FL 33301-1864~~ ~~US~~

3. Date Incorporated or Qualified: 10/03/1989
3a. Date of Last Report: 06/14/1996

2. Principal Place of Business
21: 450 East Las Olas Blvd
22 Suite, Apt. #, etc: Suite 1500
23 City & State: Ft. Lauderdale FL
24 Zip: 33301 25 Country: USA

2a. Mailing Address
26: 450 East Las Olas Blvd
27 Suite, Apt. #, etc: Suite 1500
28 City & State: Ft. Lauderdale FL
29 Zip: 33301 30 Country: 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROCHON, RICHARD C. ~~200 S. ANDREWS AVE., 6TH FL.~~ ~~FT. LAUDERDALE FL~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	450 E LAS OLAS BLVD 15 FLOOR FT LAUDDALE FL 33301	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS CARRIERO, EDWARD M JR 200 S. ANDREWS AVE. 6TH FL. MIAMI FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DPS CARRIERO EDWARD M JR 450 E LAS OLAS BLVD 15 FL FORT LAUDDALE FL 33301	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PIERCE, WILLIAM ~~200 S. ANDREWS AVE., 6TH FL.~~ ~~MIAMI FL~~	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	450 EAST LAS OLAS BLVD 15 FLOOR FORT LAUDDALE FL 33301	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~T~~ ~~CRIS V BRANDON~~ ~~450 E LAS OLAS BLVD~~	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T CRIS V BRANDON 450 E LAS OLAS BLVD 15 FLOOR FORT LAUDDALE FL 33301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

000002161010--0
-05/01/97--01001--020
***3300.00 ****165.00

CR2E034 (9/96)

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 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 4-29-97 954-627-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0259838