

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
450 E. LAS OLAS BLVD
STE 1500
FT. LAUDERDALE FL 33301
US

Mailing Address
450 E. LAS OLAS BLVD
STE 1500
FT. LAUDERDALE FL 33301
US

FILED

58 APR 29 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

3. Date Incorporated or Qualified

10/03/1989

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 owes or has paid the current year Intangible
Personal Property Tax due June 30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ROCHON, RICHARD C
STREET ADDRESS 450 E. LAS OLAS BLVD., 15 FLOOR
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE ☐ DELETE

NAME PSD CARRIERO, EDWARD M JR
STREET ADDRESS 450 E. LAS OLAS BLVD., 15 FLOOR
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE ☐ DELETE

NAME D PIERCE, WILLIAM
STREET ADDRESS 450 E. LAS OLAS BLVD., 15TH FLOOR
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE ☐ DELETE

NAME Y BRANDEN, CRIS V
STREET ADDRESS 450 E. LAS OLAS BLVD., 15TH FLOOR
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

500002508245--9
-05/01/98--01101--010
****150.00

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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

CRIS V BRANDEN

4/27/98

854-622-5242

CR2E034 (10/97)