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 # P94000055061 (3)

1. Corporation Name

COASTAL SECURITY TITLE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
2801 W. BUSCH BLVD. SUITE 260 TAMPA FL 33618	202 E COMMANCHE ST. STE. A TAMPA FL 33604

3. Date Incorporated or Qualified: 07/26/1994
3a. Date of Last Report: 08/29/1995
4. FEI Number: 59-3257612 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GARCIA, RALPH
202 E.COMANCHE ST
SUITE A
TAMPA FL 33604

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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPVC	☐ DELETE
NAME	GARCIA, RALPH	
STREET ADDRESS	202 E COMANCHE ST	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	ST	☐ DELETE
NAME	GARCIA, RALPH	
STREET ADDRESS	202 E COMANCHE ST	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	D	☐ DELETE
NAME	BENATTI, AL	
STREET ADDRESS	202 E COMANCHE ST	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	D	☐ DELETE
NAME	SCHRENK, MIKE	
STREET ADDRESS	202 E COMANCHE ST	
CITY-ST-ZIP	TAMPA FL 33604	
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

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME	900001873419	
3.3 STREET ADDRESS	-06/24/96--01045--010	
3.4 CITY-ST-ZIP	***25.00	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME	000001873420	
4.3 STREET ADDRESS	-06/24/96--01045--011	
4.4 CITY-ST-ZIP	***200.00	
5.1 TITLE	D	☐ Change ☑ Addition
5.2 NAME	Tony Muniz	
5.3 STREET ADDRESS	202 E. Comanche ST	
5.4 CITY-ST-ZIP	Tampa, Fl. 33604	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS	6/24	
6.4 CITY-ST-ZIP		

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)(k), 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 915-8113
Daytime Phone #

CR2E034 (12/95)