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FILED
May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

2801 W. BUSCH BLVD.
SUITE 200
TAMPA FL 33618

Mailing Address

202 E. COMMANCHE ST. STE. A
TAMPA FL 33604-7027

2. Principal Place of Business

21 3750 W Gunn Hwy

Suite, Apt. #, etc.

22 Suite 2C

City & State

23 Tampa, FL

Zip

24 33624

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

28 City & State

29 City & State

30 Zip

Country

31 Zip

3. Date Incorporated or Qualified

07/26/1994

3a. Date of Last Report

06/24/1996

4. FEI Number

59-3257612

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME GARCIA, RALPH
STREET ADDRESS 202 E COMANCHE ST
CITY-ST-ZIP TAMPA FL 33604

TITLE ☐ DELETE

NAME GARCIA, RALPH
STREET ADDRESS 202 E COMANCHE ST
CITY-ST-ZIP TAMPA FL 33604

TITLE ☒ DELETE

NAME BENATTI, AL
STREET ADDRESS 202 E COMANCHE ST
CITY-ST-ZIP TAMPA FL 33604

TITLE ☒ DELETE

NAME SCHRENK, MIKE
STREET ADDRESS 202 E COMANCHE ST
CITY-ST-ZIP TAMPA FL 33604

TITLE ☒ DELETE

NAME MUNIZ, TONY
STREET ADDRESS 202 E COMANCHE ST
CITY-ST-ZIP TAMPA FL 33604

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

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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.

CR2E034 (9/96)