FILED
Aug 24 1998 8:00am
Secretary of State

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 # P94000055061

1. Corporation Name
COASTAL SECURITY TITLE OF FLORIDA, INC.

Principal Place of Business
3750 Gunn Highway
Suite 2C
Tampa, Florida 33624

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4. FEI Number 59-325 7612 — 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

2. Principal Place of Business
21 3750 Gunn Highway
Suite, Apt. #, etc.
22 Suite 2C
City & State
23 Tampa, Fl
Zip
24 33624
Country
25 U.S.

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent
Ralph Garcia, III
202 E. Comanche
Ste. A
Tampa, Fl. 33604

10. Name and Address of New Registered Agent
81 Name Ralph Garcia, III
82 Street Address (P.O. Box Number is Not Acceptable) 3750 Gunn Hwy.
83 Suite 2C
84 City Tampa FL 85 Zip Code 33624

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 ______ 8/13/98
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	P, VP, S, T, D	☐ DELETE
NAME	Ralph Garcia, III	
STREET ADDRESS	3750 Gunn Hwy Suite 2C	
CITY-ST-ZIP	Tampa, Fl. 33624	
TITLE	D	☑ DELETE
NAME	Tony G. Muniz	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☑ DELETE
NAME	Alvin Benanti	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ DELETE
NAME	Mike Shreak	
STREET ADDRESS	3750 Gunn Hwy Suite 2C	
CITY-ST-ZIP	Tampa, Fl 33624	
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

11 TITLE		☐ Change	☐ Addition
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		☐ Change	☐ Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		☐ Change	☐ Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		☐ Change	☐ Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		☐ Change	☐ Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		☐ Change	☐ Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

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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: ______ 7/28/98 (813) 960-8816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #