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

PROFIT CORPORATION JANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000037180 (3)

TRANS-COASTAL	TITLE	COMPANY,	INC.	

Principal Place of Business

Mailing Address

May 05 1997 8:00am Secretary of State

|--|--|--|

1200 N. FEDERAL HWY STE. 200 BOCA RATON FL 33432		1200 N. FEDERAL HWY., STE. 200					
		BOCA RATON FL 33432-2813			3. Date Incorporated or Qualified		Ba. Date of Last Report
a Principal Pr	lace of Business	As Mailing Address			05/08/1995 4. FEI Number	07/30/199	
z, riincipai re	IACE OF DUSINESS	2a. Mailing Address			65-0602032		Applied For
Suite, Apt.	# atc	Suite, Apt. #, etc.			03-0002032	607	Not Applicable
22	, oto.	27			5, Certificate of Status Desired		75 Additional e Required
City & State City & State					6. Election Campaign Financing	\$5.	00 May Be
23		28	···		Trust Fund Contribution		led to Fees
Zip	Country	Zip	8. This corporation has liability for intangible tax under s. 199.			er s. 199.032,	
24	9, Name and Address of Currer	29 29 Agent	30		Florida Statutes 10. Name and Address of New Rec	Yes No	
DRE	NCHKO, PETER L	The state of the s	81	Name	IV. Hallo and Addison of Hall Ha	Jiotorou rigorii	
	O N. FEDERAL HWY., STE. 200		01	Ctroot Ad	droop (D.O. Day Nurshay in Not Appartal	le)	
	CA RATON FL 33432		82	Sirent Ao	dress (P.O. Box Number is Not Acceptab	iej	
			63				
			84	City		85	Zip Code
				~	rporation submits this statement for the p ation's board of directors. I hereby accep	FL	·
SIGNATURE	Signature, typod or printed name of registered ago OFFICERS AN		TE: Registered Ag	ent signature req	urred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	TORS IN 12
TITLE	D	DELETE	11 TITLE		ADDITIONS/CHANGES TO OFFICE	Char	
NAME	WATERS, LISA J	- ·	1 2 NAME	,		_	5 - -
STREET ADDRESS	1200 N. FEDERAL HWY., STE	. 200	1.3 STREE	ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY-	S1 - ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			☐ Char	nge 🛄 Addition
NAME	BALNYS, MARY F	***	2.2 NAME	ļ	·		
STREET ADDRESS	1200 N. FEDERAL HWY., STE	. 200		ADDRESS			
CITY-ST-ZIP TITLE	BOCA RATON FL 33432	☐ DELE1E	2.4 CITY -	ST-7IP		Char	nge Addition
NAME			3.1 TITLE 3.2 NAME			LJ GIAI	iåe [_] vonitibi
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			3.4. GITY-	į į			
TITLE		☐ DELF1E	4.1 TITLE			☐ Char	nge Addition
NAME			4. 2 NAME				
STREET ADDRESS				I ADDRESS			
CITY-ST-ZIP TITLE	<u> </u>	DELETE	4.4 CITY -: 5.1 TITLE	ST - ZIP		Char	nge Addition
NAME			5.1 THE 5.2 NAME			LJ Offat	iår [T] vooition
STREET ADDRESS			E .	I ADDRESS			
CITY-ST-ZIP			5.4 CITY-	1			
TITLE		DELETE	6.1 TITLE			☐ Char	nge 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	ADDRESS			
CITY-ST-ZIP	ou and the that the information a second	durith this files does not	6.4 CITY		od in Continue 110 07/0V3 Pro-14- 0	- 14 15 12	(b = 4 4b =
16. COD 118(8)	ov cerniv that the intormation subblic	a wan tais tiina abes hot auat	iity tot the e xe	tate douldine	ed in Section 119 07(3)(i). Florida Statute:	s i turiber cerlify '	mat the

to hereby early that the information supplied with this failing does not quality for the exemption stated in section 1.190 (S)(f), Florida Statutes. Further certify find 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 I changed, or on an attachment with an address.