

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0110246

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000060880

1. Corporation Name

FLORIDA COAST TITLE CORP.

Principal Place of Business

P.O. BOX 480277  
FT. LAUDERDALE FL 33348-0277

Mailing Address

P.O. BOX 480277  
FT. LAUDERDALE FL 33348-0277



REINSTATEMENT 95  
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1997

4. FEI Number

APPLIED FOR 65-0871858

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 owes the current year  
Intangible Personal Property.

☐ Yes ☒ No

2. Principal Place of Business

21 3015 N. Ocean Blvd

Suite, Apt. #, etc.

22 Suite 122

City & State

23 Ft Lauderdale FL

Zip

24 33308

Country

25 Broward

2a. Mailing Address

26 3015 N. Ocean Blvd

Suite, Apt. #, etc.

27 Suite 122

City & State

28 Ft Lauderdale FL

Zip

29 33308

Country

30 Broward

9. Name and Address of Current Registered Agent

MCPHARLIN, WILLIAM J  
1800 S. OCEAN BLVD.  
#112  
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name McPharlin, William J

82 Street Address (P.O. Box Number is Not Acceptable)

83 3015 N. Ocean Blvd

84 Suite 122

85 City Ft Lauderdale

FL

Zip Code

33308

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

(NOTE: Registered Agent signature required when reinstating)

9-1-99

DATE

OFFICERS AND DIRECTORS

12. TITLE

NAME DPST

STREET ADDRESS MCPHARLIN, WILLIAM J

CITY-ST-ZIP 1800 S. OCEAN BLVD #112

POMPANO BEACH FL 33062

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPST ☒ Change ☐ Addition

1.2 NAME William J. McPharlin

1.3 STREET ADDRESS 3015 N. Ocean Blvd #122

1.4 CITY-ST-ZIP Ft Lauderdale FL 33308

2.1 TITLE ☐ Change ☐ Addition

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 ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-99 (954) 566-3384

Date

Daytime Phone #

CR2E034 (5/99)