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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P97000062521 (4)

COAST TO COAST TITLE CORPORATION

FILED
Jan 22 1998 8:00am
Secretary of State



CR2E034 (10/97

Principal Place of Business Mailing Address 804 SOLAR ISLE DRIVE 804 SOLAR ISLE DRIVE FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/08/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Sime 0770906 100 S.E. GIL Street Not Applicable Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Broward. 29 Personal Property Tax due June 30. X Yes □ No 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SMILACK, STEVEN A **804 SOLAR ISLE DRIVE** 82 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33301 83 City 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. agent. I am familiar with, and accept the obligations of SIGNATURE red when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE SMILACK, STEVEN A NAME 1.2 NAME **804 SOLAR ISLE DRIVE** STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33301 CITY-ST-ZIP 1.4 CITY - ST - ZIF DELETE Change Addition TITLE 21 TITLE 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE \_\_\_ Addition 3.1 TITLE NAME **3.2 NAME** 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CHTY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$T-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-7IP 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 trusted 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.