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Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P97000091254 (7)
1. Corporation Name
GULF COAST TITLE GROUP, INC.



Principal Place of Business Mailing Address
5100 N. TAMiami TRAIL, STE. 126 5100 N. TAMiami TRAIL, STE. 126
NAPLES FL 34103 NAPLES FL 34103

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc. same		26 Suite, Apt. #, etc. same		10/22/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		59-3474111	
24		29		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	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ULARICH, JOELLE				81 Name			
5100 N. TAMiami TRAIL, STE. 126				82 Street Address (P.O. Box Number is Not Acceptable)			
NAPLES FL 34103				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 *Joelle Ularich* DATE 2/23/98
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETE	1.1 TITLE	President
NAME		1.2 NAME	Stephen Robert Thompson
STREET ADDRESS		1.3 STREET ADDRESS	5100 N. Tamiami Trail #126
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Naples, FL 34103
TITLE	DELETE	2.1 TITLE	VICE PRESIDENT
NAME		2.2 NAME	Joelle Ularich
STREET ADDRESS		2.3 STREET ADDRESS	5100 N. Tamiami Trail #126
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Naples, FL 34103
TITLE	DELETE	3.1 TITLE	SECRETRES
NAME		3.2 NAME	Joelle Ularich
STREET ADDRESS		3.3 STREET ADDRESS	5100 N. Tamiami Trail #126
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Naples Florida 34103
TITLE	DELETE	4.1 TITLE	ASST SEC/TRES
NAME		4.2 NAME	Stephen Robert Thompson
STREET ADDRESS		4.3 STREET ADDRESS	5100 N. Tamiami Tr #126
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Naples, FL 34103
TITLE	DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Joelle Ularich* DATE: 2/23/98
Dep \$150 941 263-6833

CR2E034 (10/97)