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Secretary of State

03-22-1999 90061 001 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P98000002746

1. Corporation Name

COAST TO COAST TITLE SERVICES OF MAITLAND, INC.

Principal Place of Business

1318 SOUTH CRYSTAL LAKE DRIVE
ORLANDO FL 32806

Mailing Address

1318 SOUTH CRYSTAL LAKE DRIVE
ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1998

2. Principal Place of Business

2a. Mailing Address

1001 N.W. Destiny

2401 Willow Sp

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Maitland FL

Apopka FL

Zip

Country

Zip

Country

32751 USA

32712 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name Mike Weirich
 82 Street Address (P.O. Box Number is Not Acceptable) 2401 Willow Sp
 83
 84 City Apopka FL 85 Zip Code 32712

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

1. NAME	PSTD WEIRICH, MICHAEL	<input type="checkbox"/> DELETE
2. ADDRESS	1318 SOUTH CRYSTAL LAKE DRIVE	
3. ST-ZIP	ORLANDO FL 32806	
4. NAME	VD HUTCHINSON, MICHAEL	<input type="checkbox"/> DELETE
5. ADDRESS	1318 SOUTH CRYSTAL LAKE DRIVE	
6. ST-ZIP	ORLANDO FL 32806	
7. NAME		<input type="checkbox"/> DELETE
8. ADDRESS		
9. ST-ZIP		
10. NAME		<input type="checkbox"/> DELETE
11. ADDRESS		
12. ST-ZIP		
13. NAME		<input type="checkbox"/> DELETE
14. ADDRESS		
15. ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mike Weirich

3/22/99

Date

407 878 0241

Daytime Phone: #

4/21/09

CR2E034 (11/98)