PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90014 001 ***150.00

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DOCUMENT # 578716 1. Corporation Name

NATIONAL TITLE ABSTRACT COMPANY

	•						
Principal Place of Business Mailing Address					1,00,00 milli 3,000 (0,1); (0,000 (1,000 0); (0,000 0)		MIL BINII INDI
151 S.W. 27TH AVENUE		151 S.W. 27TH AVENUE	151 S.W. 27TH AVENUE				
MIAMI FL 33135 MIAMI FL 33135					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	***	
				•	07/10/1978		1
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	App	lied For
21		26			59-1833554	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	
22		27			5. Control of Glade Booker	Fee Rec	` _
City. & State		City & State		6. Election Campaign Financing	\$5.00	,	
23		Zip Country		Trust Fund Contribution Added to Fees			
Zip	Country				8. This corporation owes the current year Intangible Personal Property Tax		
24	25	29 30 30			Personal Property Tax. Sees INO 10. Name and Address of New Registered Agent		
Name and Address of Current Registered Agent				Name	10. Hame and Address of Non Hogister		
RAN	DOL JR., W.L.						
151 S.W. 27TH AVENUE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
MIAMI FL 33135			83				
•			84	City	F	EL 85 Zip C	ode
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 tritle if applicable. (NOTE: Registered Age					when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		2S IN 12
12.		DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
ΠπLE	CANCHEZ JOHN						_
NAME	DANOTICE, GOTTIV		1.2 NAME	ADDRESS			j
STREET ADDRESS			1,4 CITY-S	i		٠	
CITY-ST-ZIP TITLE	PD	DELETE 2.17		1-ZIP		Change	Addition
NAME	randol, William J	_	2.2 NAME			•	
STREET ADDRESS	151 S.W. 27TH AVENUE	•	2.3 STREET	T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33135		2. 4 CITY-S	T-ZIP	<u>_ سمان</u> والاستان المان الم		•
TITLE	VD	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	HOOVER, ELIZABETH	R, ELIZABETH 3.2N					}
STREET ADDRESS	151 SW 2TH AVE	3.3 8		T ADDRESS		,	
CITY-ST-ZIP	MIAMI FL 33135		3.4. CITY-5	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE	0		☐ Change	Addition
NAME	. , .		4. 2 NAME		ELRENS, H.E.		
STREET ADDRESS			4.3 STREE		SISW 27Th AVE		
CITY-ST-ZIP			4.4 CITY - S	T-ZIP 1/2	Minui FL 33135		IZV A → J;#; - · ·
TITLE		☐ DELETE	5.1 TITLE	0 2	ARCUS, Elizabeth	Change	Addition
NAME	52 N		5.2 NAME	M	ARCUS, ELIZABETH		ſ

6.4 CITY-ST-ZIP 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, with all other like empowered.

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

FL 33135

Williams, John L.

W 27 Th AVE