FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90084 007 ***158.75

DOCUMENT # P95000045088

NATIONS TITLE CORPORATION

* ×.		
Principal Place of Business .	Mailing Address	
2666 TIGERTAIL AVENUE SUITE 101 COCONUT GROVE FL 33133	2666 TIGERTAIL AVENUE SUITE 101 COCONUT GROVE FL 33133	

Principal Place	of Business .	Mailing Address						
2666 TIGERTAIL	AVENUE	2666 TIGERTAIL AVENUE			·			
SUITE 101		SUITE 101			DO NOT WRITE IN T	US SDAGE		
COCONUT GRO		COCONUT GROVE FL 33133				115 SPACE		i
US		US	in stier	بيهادة وريسانية	3. Date Incorporated or Qualifed			==
		-1			06/06/1995 4. FEI Number		antiad For	
2. Principal Pl	ace of Business	2a. Mailing Address			"	- ا - -ا،	Applied For	l
21	 	26			65-0616430		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•		5. Certifcate of Status Desired		Additional Required	ł
22		27						
City & State	•	City & State			6. Election Campaign Financing		May Be	ĺ
23		28 7in (Country		Trust Fund Contribution Added to Fees			
Zip	Country	<u> </u>	Journay		8. This corporation owes the current year	Tintangible ☐ Yes	□No	
24	25	29 30	$\overline{}$		Personal Property Tax. 10. Name and Address of New Register			l
<u> </u>	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Register	eu Agein		ĺ
MAD	CUS, SCOTT A		"	(401110	·			ı
	TIGERTAIL AVENUE		82	Street Add	dress (P.O. Box Number is Not Acceptable)	•	:	1
	E 101		83					ł
	ONUT GROVE FL 33133		63		>			}
000	ONUT GROVE PE 33133		84	City		- 85 Zip	Code	
			Ш					ļ
office or re	anistored agent or both in the State (of Florida. Such change was author	zed by	the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as	registered	=
agent. I ai	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida S	tatutes				-	
SIGNATURE	•							١
	Signature, typed or printed name of registered agen	`` ``		nt signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		TOPS IN 12	1
12.	OFFICERS AN		13. 1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change		
TITLE	PSD	- '				A.A.		
NAME	MARCUS, SCOTT A		.2 NAME					8
STREET ADDRESS	19 W FLAGLER ST., SUITE 416			ADDRESS 26	66 Tigertail Avenue,	Suite	101	į
CITY-ST-ZIP	MIAMI FL		4 CITY-S	<u>t-zip</u> Co	conut Grove, Fl. 331	.3.3 ★★Change	B Addition	1
TITLE	VPT		.1 TITLE			A Kondingo		ļ
NAME	MARCUS, SCOTT A		2 NAME				404	ļ
STREET ADDRESS	19 W FLAGLER ST., SUITE 416				66 Tigertail Avenue,		101	1
CITY-ST-ZIP	MIAMI FL		. 4 CITY-5	it-zip (CO	conut Grove, FL. 331	33	e	ł
TITLE	·		.1 TITLE			☐ Change	2 1 Maningy	ł
NAME		3	.2 NAME					ł
STREET ADDRESS		3	3 STREE	T ADDRESS				ļ
CITY-ST-ZIP			4. CITY-5	T-ZIP			T's ages -	ł
TITLE	·	☐ DELETE 4	.1 MTLE	1		Change	e 'Addition'	ĺ
NAME	,		. 2 NAME					
STREET ADDRESS	•	4	.3 STREE	F ADDRESS				
CITY-ST-ZIP			4 CITY-S	T-ZIP				-
TITLE			.1 TITLE			Change	e Addition	
NAME		\	2 NAME					
STREET ADDRESS		\	.3 STREE	T ADDRESS				
CITY-ST-ZIP			4 CiTY-S	T-ZIP				
TITLE	7	DELETE 6	1 TITLE	1		Change	e Addition	
NAME			2 NAME					
STREET ADDRESS	- //	6	3 STREE	TADDRESS				
	/ /	/ \ 1 .						1

14. I hereby certify that the information supplied with this filing tioes 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: .

OTT A MARCUS

April 9, 1999

305-860-6161

Daytime Phone #