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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

337*59*

DOCUMENT # P96000073414 (0)

FLORIDA TITLE SERVICES, INC.

Principal Place of Business

33759

2605 ENTERPRISE RD E #150 CLEARWATER FL 34610-

2, Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

2605 ENTERPRISE RD E #150 CLEARWATER FL 24619 **FILED**

Apr 06 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

\$8.75 Additional

Fee Required

3. Date Incorporated or Qualified

08/30/1996

59-3396965

5. Certificate of Status Desired

4. FEI Number

City & State	Đ	City & State	City & State			6. Election Campaign Financing \$5.00 May Be	٦
23		28	[28]			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Count	try		8. This corporation owes or has paid the current year Intangible	
24	25 29		30			Personal Property Tax due June 30. Yes No	
g, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent	_
BAUMGART, WILLIAM 2805 ENTERPRISE RD E #150 CLEARWATER FL.34619 33759			8	31	Name		
			8	32	Street Addre	ess (P.O. Box Number is Not Acceptable)	┪
				_			_
			8	33			1
			8	34	City	■■ 85 Zip Code	ㅓ
<u> </u>						FL_	
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 led to the appointment as registered agent. I am tamiliar with, and identity to obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, Synd or prifiled name of registered agent and talle (Lappitication (NOTE: Registered Agent signature required when reinstating) DATE							
12.		ND DIRECTORS	13.	ager	nt signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	{
TITLE	VP.	DELETE	1.1 THU	E		Change Addition	n-
NAME	GORMAN, IAN	- ·	1.2 NAM		1		1
STREET ADDRESS	16161 CRAIEND PLACE		B .		ADDRESS		-
CITY-ST-ZIP	ODESSA FL		1.4 CITY				- {
TITLE	~ <u>~</u>			2.1 TITLE		Change Additio	╗
NAME	SKETCH, JAMES C.		2.2 NAM	1E	1		1
STREET ADDRESS	2605 ENTERPRISE RD., #E1	50	2.3 STRE	EET A	ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2. 4 CITY	Y - \$1	T-ZIP		
TITLE		DELETE	3.1 TITLE	E		Change Additio	ñ
NAME			3.2 NAM	1E	J		
STREET ADDRESS			3 3 STRE	EET A	address		
CITY - ST - ZIP			3.4. CITY	Y- \$1	T-ZIP		J
TITLE		☐ DELETE	4.1 TITLE	ŧ		Change Additio	a]
NAME			4. 2 NAN	ИE			
STREET ADDRESS			4.3 STAF	FET A	ADDRESS		1
CITY - ST- ZIP			4.4 City	- ST	I-ZIP		
TITLE		☐ DEL e te	5.1 TITLE	E	Į	Change Additio	n
NAME			5.2 NAM	NE			
STREET ADDRESS			5.3 \$1RE	EET #	address		-
CITY-ST-ZIP			5.4 CITY	- ST	-ZIP		
TITLE		☐ DELETE	61 TITLE	E	j	☐ Change ☐ Additio	n
NAME			6.2 NAM	IE.			
STREET ADDRESS			6.3 STRE	EET A	ADDRESS		
CITY-ST-ZIP	Tay and a second		6.4 CITY	- ST	- ZIP	440 27/0/() 5/11/10	_
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 supply mental 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 of 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 chapted, or or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.							