


FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90072 034 ***150.00

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P97000072614

1. Corporation Name
TITLE COMPANY OF BREVARD



| | |
|---|---|
| Principal Place of Business 345 6TH AVE. INDIALANTIC FL 32951 | Mailing Address 345 6TH AVE. INDIALANTIC FL 32951 |
|---|---|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/21/1997

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
|--------------------------------------|---------------------------|

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 59-3467114 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

| | |
|---------------------------|---------------------------|
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
|---------------------------|---------------------------|

5. Certificate of Status Desired \$8.75 Additional Fee Required

| | |
|--------------------|--------------------|
| City & State 23 | City & State 28 |
|--------------------|--------------------|

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

| | | | |
|-----------|---------------|-----------|---------------|
| Zip 24 | Country 25 | Zip 29 | Country 30 |
|-----------|---------------|-----------|---------------|

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
BETTEN, LAURA K
1361 BEDFORD DR.
MELBOURNE FL 32940

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

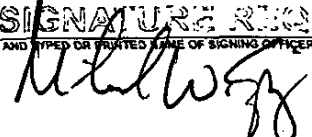
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D SPRAGINS, STEPHEN |
| STREET ADDRESS | 973 OSPREY DR. |
| CITY-ST-ZIP | MELBOURNE FL 32940 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | D SPRAGINS, MICHAEL |
| STREET ADDRESS | 905 N HARBOR CITY BLVD #102 |
| CITY-ST-ZIP | MELBOURNE FL 32935 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-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 | |

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.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 Date: **5/2/99** Daytime Phone #: **407-224-4440**

CR2E034 (1/98)