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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000090014

1. Corporation Name
TYS TITLE SERVICES, INC.



Principal Place of Business: 933 LEWIS DRIVE, SUITE 4, WINTER PARK FL 32789 US
 Mailing Address: P. O. BOX 741255, ORANGE CITY FL 32774 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 1221 Lee Road, Suite 103, Orlando, FL 32810, U.S.A.
 2a. Mailing Address: 26 Suite, Apt. #, etc., City & State: 27, Zip: 29, Country: 30

3. Date Incorporated or Qualified: 10/20/1997
 4. FEI Number: 59-3473639
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No (checked)

9. Name and Address of Current Registered Agent: CAPITAL CONNECTION, INC., 417 E. VIRGINIA ST., STE. 1, TALLAHASSEE FL 32301-1283

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code: 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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: DP	NAME: FRANKLIN, MARGUERITE G
STREET ADDRESS: 1515 PETERSON ROAD	CITY-ST-ZIP: ORANGE CITY FL 32763
TITLE: VP	NAME: SMITH, BRENDA H
STREET ADDRESS: 933 LEWIS DRIVE, SUITE A	CITY-ST-ZIP: WINTER PARK FL 32789
TITLE: T	NAME: BULLOCK, MARY
STREET ADDRESS: 933 LEWIS DRIVE, SUITE A	CITY-ST-ZIP: WINTER PARK FL 32789
TITLE: S	NAME: GOODALE, JONI
STREET ADDRESS: 933 LEWIS DRIVE, SUITE A	CITY-ST-ZIP: WINTER PARK FL 32789
TITLE: AS	NAME: RIJOS, IVY
STREET ADDRESS: 933 LEWIS DRIVE, SUITE A	CITY-ST-ZIP: WINTER PARK FL 32789
TITLE: AS	NAME: FERRELL, JANIS
STREET ADDRESS: 933 LEWIS DRIVE, SUITE A	CITY-ST-ZIP: WINTER PARK FL 32789

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: DP	1.2 NAME: Franklin, Marguerite G.
1.3 STREET ADDRESS: 1221 Lee Road, Ste. 103	1.4 CITY-ST-ZIP: Orlando, FL 32810
2.1 TITLE: D	2.2 NAME: Annette Ahlers
2.3 STREET ADDRESS: 390 N. Orange Avenue, Ste 150	2.4 CITY-ST-ZIP: Orlando, FL 32801
3.1 TITLE: D/vp/AT	3.2 NAME: Bullock, Mary
3.3 STREET ADDRESS: 1221 Lee Road, Ste. 103	3.4 CITY-ST-ZIP: Orlando, FL 32810
4.1 TITLE: AS	4.2 NAME: GOODALE, JONI
4.3 STREET ADDRESS: 1221 Lee Road, Ste. 103	4.4 CITY-ST-ZIP: Orlando, FL 32810
5.1 TITLE: D/S/T	5.2 NAME: Rijos, Ivy
5.3 STREET ADDRESS: 1221 Lee Road, Ste 103	5.4 CITY-ST-ZIP: Orlando, FL 32810
6.1 TITLE: D/vp/AS	6.2 NAME: Ferrell, Janis
6.3 STREET ADDRESS: 1221 Lee Road, Ste. 103	6.4 CITY-ST-ZIP: Orlando, FL 32810

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: *Marguerite G. Franklin* Date: 4/29/99 Daytime Phone #: 07-292-9709

CR2E034 (11/98)