**FILED** 

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90101 040 \*\*\*150.00



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 470793

1. Corporation Name

AZTEC TITLE CORPORATION

											<u> </u>
Principal Place of Business Mailing Address											<b>5</b> , <b>5</b> ,7
2 SOUTH UNIVERSITY DRIVE. SUITE 231 2 SOUTH UNIVERSITY DRIVE. PLANTATION FL 33324 2 SOUTH UNIVERSITY DRIVE.					Ħ						
								DO NOT WR		SPACE	
						3	. Date Incorp 03/05/19	porated or Qualifed 975			
2. Principal Place of Business 2a. Mailing Address						4	. FEI Numbe	er		Ap	oplied For
21							59-1579	854		✓ No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			#, etc.				. Certifcate	of Status Desired		\$8.75 / Fee Re	Additional equired
City & Stat	<del>0</del> , -	— ´	City & State			6		ampaign Financing Contribution		\$5.00 Added 1	May Be to Fees
Zip	Country	Zip		Country	,	8		ration owes the cu	rent year Int		
24	25 29 30						•	roperty Tax.		Yes	□No
24	9. Name and Address of Curren	1				10		Address of New	Registered	Agent	
5. Haille and Address of Current Registered Agent								<u> </u>			
WADLEY, BILLY F.											
2 SOUTH UNIVERSITY DRIVE, SUITE 231				82	Stree	t Address (	ddress (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324				83				<del></del>	<del></del>		_
				84					FL	<b>-</b>   '   '	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										<del> </del>	
	Signature, typed or printed name of registered ager				nt signature	required when		WALLANDED TO O	DATE	ים מותכבנו	2DC IN 12
12.		D DIRECTORS		13.			ADDITIONS	CHANGES TO O	FFICERS AN	Change	Addition
TITLE	_			- 100			☐ Change				
NAME	WADLEY, BILLY FRANKLIN			2 NAME		İ					1
STREET ADDRESS				3 STREET ADDRESS							
CITY-ST-ZIP	PLANTATION, FL 00000			4 CITY-S	T-ZIP	ļ					
TITLE	STD □ DELETE 2.1			1 TITLE						Change	☐ Addition
NAME	Wadley, Hella	WADLEY, HELLA 22									
STREET ADDRESS	11941 NW 27TH COURT		2	3 STREE	TADDRES	s					
CITY-ST-ZIP	PLANTATION, FL 00000		2	4 CITY-	ST-ZIP						
TITLE			1 TITLE				<u> </u>	· · -	☐ Change	Addition	
NAME				3.2 NAME V			e Pres	sident/D:	irecto	r	
STREET ADDRESS	231 SW 9TH ST. B		3	3 STREE	T ADDRES	Į.		-			
CITY-ST-ZIP	HALLENDALE FL		3	4. CITY-	ST-ZIP						
TITLE	D			1 TITLE			*			☐ Change	☐ Addition
NAME	WADLEY, MICHELE C		4	2 NAME							
STREET ADDRESS	11941 N.W. 27 COURT				T ADDRESS	s					
CITY-ST-ZIP	PLANTATION FL			4 CITY- 9				•	,		
TITLE	1 - MINION L			1 TITLE		+				☐ Change	☐ Addition
		_		2 NAME						_ •	{
NAME CTREET APPRECE					T ADDRESS	s					
STREET ADDRESS				4 CITY-S							
CITY-ST-ZIP				1 TITLE	.1.711.	+			<del></del> ÷	☐ Change	Addition
TITLE			DELETE	2 NAME						□ change	L AUGUOUI
NAME			0	z NAME		1					

**8.3 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:

STREET ADDRESS

CITY-ST-ZIP

954 370 9554