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

DOCUMENT # 1. Corporation Name

(0)

LAND TITLE & SURVEY, INC.

FILED

Feb 02 1998 8:00am

Secretary of State

		, on the first state of the sta								
Principal Plac	e of Busines	SS	М	lailing Address	_				- 100401 01001 19499 33400 13140 47001 1943 91941 91941 01944 91941 91941 7101	
1400 W. OAK STREET. SUITE C KISSIMMEE FL 34741		9	2301 13TH ST ST CLOUD FL 34769 US					DO NOT WRITE IN THIS SPACE		
									3. Date Incorporated or Qualified 08/25/1978	
2. Principal P	lace of Busi	ness	26	, Mailing Address					4. FEI Number Applied Fo	r
21			26						59-1854354 X Not Applic.	_
Suite, Apt.			27	Suite, Apt. #, etc.			<u>.</u>		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	.1
City & State	е		\perp	City & State					6. Election Campaign Financing \$5.00 May Be	
23			28						Trust Fund Contribution Added to Fees	
Zip		Country	Ь	Zip	···	untry	,		8. This corporation owes or has paid the current year Intangible	
24	<u> </u>	25	29		30	,			Personal Property Tax due June 30. A Yes No	
		and Address of Curre	nt Regis	stered Agent		81	Nai	mn.	10. Name and Address of New Registered Agent	
		H.R., JR., ESQ.				"	IVai	He		
	19 RUMME					82	Stre	eet Addre	ess (P.O. Box Number is Not Acceptable)	
ST.	. CLOUD, F	FL. 34769				02	↓			
						83	ĺ			
						84	City	,	FL 85 Zip Code	
office or re	egistered ac	ions of Sections 607.050 gent, or both, in the State ith, and accept the oblig	of Ftori	da Such change wa	s authoriz	ed by	the o	ed corpo corporatio	poration submits this statement for the purpose of changing its register ion's board of directors. I hereby accept the appointment as registers	red ed
	Signature, typed	for printed name of registered ag					ont sign:	ature require	ed when reinstating) DATE	
12.		OFFICERS AN	D DIREC		13				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	:::
TITLE	P	PON 110 10		L. DELETE		TITLE.			☐ Change ☐ Add	ition
NAME		TON, H.R., JR.				NAME`				
STREET ADDRESS		NNYMEDE ROAD		r	- 1		ADDRE	ss		l l
CITY-ST-ZIP	ST. CLO	JUU FL		DELETE		CITY-S	T-ZIP			
TITLE	8	141000		□ DECENE		IATLE			L. Change L. Add	เนอก
NAME	BAKER,					VAME				
STREET ADDRESS		RIANE PARK CIRCLE					ADDRE	SS		
CITY-ST-ZIP TITLE	NOOM	MEE, FL 34744	······································	☐ DELETE	_	CITY - S TITLE	S1 - ZIP	+	Change Add	ition
NAME						NAME				
STREET ADDRESS							ADDRE	se		- [
CITY-ST-ZIP						CITY - S		~		
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NAME					5.2 !	NAME				
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CITY-ST-ZIP						ITY-S		- 1		1
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NAME					6.21	IAME				
STREET ADDRESS					635	STREET	ADDRES	ss		
CITY-ST-ZIP						OTY-S				

14. I hereby certify that the information supplied with this filing does not quality 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.

1/27/98

407-892-7377