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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 605516 1. Corporation Name

THE GREAT AMERICAN TITLE COMPANY

Ostania al Dina	a of Dusiness	k.a.	ailing Address				1 100110 01111 40101 41101 41101				
Principal Place			_								
7101 W MCNAB RD #200 TAMARAC FL 33321			7101 W MCNAB RD #200 TAMARAC FL 33321				DO NOT WEIT	- IN - 1400 (DA 05		
							DO NOT WRITE	E IN THIS S	SPACE		7
							3. Date Incorporated or Qualifed 12/27/1978				}
2. Principal P	lace of Business	2a.	. Mailing Address				4. FEI Number		Ap	plied For	2
21							59-2560195			t Applicable] ;
Suite, Apt.	#, etc.	26	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75	Additional] ->
22							5. Centricate of Status Desired	□	Fee Re	quired	
City & State			City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28					Trust Fund Contribution		Added t	o Fees]
Zip	Country	- '	Zip Country				8. This corporation owes the curre	nt year Inta	ngible		
24	25				Personal Property Tax. ☐ Yes ☑No]		
9. Name and Address of Current F			tered Agent		L		10. Name and Address of New Re	egistered A	\gent]
					81	Name					
	PIN, ROBERT S				82	Street Addre	ss (P.O. Box Number is Not Acceptat	nle)			1
	1 W MCNAB RD #200				1	Dilect Addic	(1.5. Box (territor) to 1.5. (1.5. (1.5.)	,	· , , , ••• «		
	it lauderdale, fl				83			F	. 1347	\$ 11.34	
TAM	IARAC FL 33321						2 2 2		(;)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
					84	City		FL	85 Zip (_ode	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	te of Florio	da. Such change was	authonzei	a by th	named corpo le corporation	ration submits this statement for the parties beard of directors. I hereby accept	the appoin	changing its tment as re	registered gistered	
											į.
SIGNATURE		and and title	if applicable (NOT	E Canistara	d Ament ei	ionature required	when reinstation)	DATE			_
	Signature, typed or printed name of registered as		* * * * * * * * * * * * * * * * * * * *			ignature required		DATE	DIRECTO		600
12.	Signature, typed or printed name of registered at OFFICERS A		CTORS	E. Registered		signature required	when reinstating) ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12	14,00)
12.	Signature, typed or printed name of registered at OFFICERS A		* * * * * * * * * * * * * * * * * * * *	13. 1.1 Ti	TLE	signature required					74 74 700)
12. TITLE NAME	Signature, typed or printed name of registered at OFFICERS A PVST ZIPPIN, ROBERT S.		CTORS	13. 1.1 Ti 1.2 N	TLE						7004 (44/00)
12. HTLE NAME STREET ADDRESS	Signature, typed or printed name of registered at OFFICERS A PVST ZIPPIN, ROBERT S. 7101 W MCNAB RD 200		CTORS	13. 1.1 Ti 1.2 N 1.3 S	ITLE IAME STREET AL	DDRESS					001.004 (44/00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A OFFICERS A PVST ZIPPIN, ROBERT S. 7101 W MCNAB RD 200 TAMARAC FL		ECTORS DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 C	TTLE IAME STREET AL CITY-ST-Z	DDRESS					OBOLO04 (44/00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed of printed name of registered at OFFICERS A PVST ZIPPIN, ROBERT S. 7101 W MCNAB RD 200 TAMARAC FL D		CTORS	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI	ITLE IAME STREET AL STY-ST-Z	DDRESS			Change	☐ Addition	0007004 (44/00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed of printed name of registered at OFFICERS AT ZIPPIN, ROBERT S. 7101 W MCNAB RD 200 TAMARAC FL D ZIPPIN, ROBERT S.		ECTORS DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N	ITLE IAME STREET AL STY-ST-Z TTLE IAME	DDRESS ZIP			Change	☐ Addition	ODOTO04 (44/00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PVST ZIPPIN, ROBERT S. 7101 W MCNAB RD 200 TAMARAC FL D ZIPPIN, ROBERT S. 7101 W MCNAB RD 200 TAMARAC FL D ZIPPIN, ROBERT S. 7101 W MCNAB RD 200		ECTORS DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S	TTLE IAME STREET AL STY-ST-Z TTLE IAME	DDRESS ZIP DDRESS			Change	☐ Addition	OD01004 (44/00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed of printed name of registered at OFFICERS AT ZIPPIN, ROBERT S. 7101 W MCNAB RD 200 TAMARAC FL D ZIPPIN, ROBERT S.		CTORS DELETE DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C	ITLE IAME STREET AL STY-ST-Z TILE IAME STREET AL	DDRESS ZIP DDRESS			☐ Change	☐ Addition	ODDE 024 (44/08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PVST ZIPPIN, ROBERT S. 7101 W MCNAB RD 200 TAMARAC FL D ZIPPIN, ROBERT S. 7101 W MCNAB RD 200 TAMARAC FL D ZIPPIN, ROBERT S. 7101 W MCNAB RD 200		ECTORS DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 T	ITLE IAME ETREET AL ETY-ST-Z ITLE IAME ETREET AL ETY-ST-Z ITLE	DDRESS ZIP DDRESS			Change	☐ Addition	ODOFO24 (44/00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ZIPPIN, ROBERT S. 7101 W MCNAB RD 200 TAMARAC FL D ZIPPIN, ROBERT S. 7101 W MCNAB RD 200 TAMARAC FL D ZIPPIN, ROBERT S. 7101 W MCNAB RD 200		CTORS DELETE DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N	TTLE TREET AG TTLE TAME TREET AG TREET AG CITY-ST-: TTLE	DDRESS ZIP DDRESS ZIP			☐ Change	☐ Addition	ODOFFOOA (44/00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PVST ZIPPIN, ROBERT S. 7101 W MCNAB RD 200 TAMARAC FL D ZIPPIN, ROBERT S. 7101 W MCNAB RD 200 TAMARAC FL D ZIPPIN, ROBERT S. 7101 W MCNAB RD 200 TAMARAC FL		CTORS DELETE DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S	TITLE STREET AG	DDRESS ZIP DDRESS ZiP			☐ Change	☐ Addition	ODOFO24 (44/00)
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PVST ZIPPIN, ROBERT S. 7101 W MCNAB RD 200 TAMARAC FL D ZIPPIN, ROBERT S. 7101 W MCNAB RD 200 TAMARAC FL D ZIPPIN, ROBERT S. 7101 W MCNAB RD 200 TAMARAC FL		CTORS DELETE DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T	TITLE TREET AG	DDRESS ZIP DDRESS ZiP			☐ Change	☐ Addition	CD2FC34 (44)09)
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered at OFFICERS AT ZIPPIN, ROBERT S. 7101 W MCNAB RD 200 TAMARAC FL D ZIPPIN, ROBERT S. 7101 W MCNAB RD 200 TAMARAC FL		DELETE DELETE DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 N 4.3 S 4.4 C 5.1 T 5.2 N	TITLE ITTLE	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP			☐ Change ☐ Change ☐ Change	Addition Addition Addition	CD2C024 (44)(08)
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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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED

Jan 20, 1999 8:00am

Secretary of State

01-20-1999 90008 020 ***150.00