


FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

FILED

99 APR -8 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership HERITAGE TITLE INSURANCE, LTD.		1a. DOCUMENT # A96000000513	
Mailing Address P.O. BOX 3433 TAMPA FL 33601	Principal Office Address 201 NORTH FRANKLIN STREET, SUITE 2100 TAMPA FL 33602	3. Date Formed or Registered 03/18/1996	5a. Capital Contributions as Shown on record \$100.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 04/03/1998	5b. Amount of Capital Contributions in FLORIDA to date \$6,249.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 59-3367932
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Applied For Not Applicable
Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent KUSSNER, STEPHEN L 201 NORTH FRANKLIN STREET, SUITE 2100 TAMPA FL 33602	10. If changed, new Registered Agent/Office Name: RF # 14625 Street Address (P.O. Box Number Is Not Acceptable): Suite, Apt. #, etc.: City: FL Zip Code:
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) AMCER, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 201 N. FRANKLIN STREE	11b. City, State & Zip Code TAMPA FL 33602	11c. Registration/ Document Number P96000015470
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100002834333-4
-04/03/99-01040-009
***141.25 ***141.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Stephen Kussner

Daytime Telephone Number

DATE

2/17/99
813 229-3321

CR2E003 (12/98)