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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

1. Corporation Name

AILANII	C COASTAL TITLE CORPOR	NATION										
Principal Place	e of Rusiness	Mailing A	Address						I CARDON TORRES			IE BIBLI BIBLI IBBI
3850 20TH ST	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3850 20TI					•					
SUITE 6		SUITE 6	91									
VERO BEACH FL 32960		VERO BE	VERO BEACH FL 32960							ITE IN THIS	SPACE	
								3. Date Incorporated	or Qualifed	1		
		1 - "						10/05/1981			- 	Applied For
2. Principal P	lace of Business		ng Address					4. FEI Number				Applied For
21		26	0-4 # -4-					59-2127474	<u>.</u>			Not Applicable Additional
Suite, Apt.	#, etc.		, Apt. #, etc.					5. Certifcate of Status	s Desired			Required
22 City 9 Stat		27 City A	& State					6. Election Campaign	Einancing			0 May Be
City & State	e	28	& Jiaib					Trust Fund Contrib			-	d to Fees
23 Zip	Country	Zip		Co	ountry			8. This corporation of		rrent year Inf		-
24	25	29		30	•		•	Personal Property		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	∐Yes	□No
	9. Name and Address of Current		Agent	1321				10. Name and Addre	ss of New	Registered	Agent	
					81	Name						
SPA	NGLER, LEONARD L., JR.				82	Stract	t Addres	ss (P.O. Box Number is	Not Accen	table)		
⁷⁶⁵ -7936	47TH AVENUE				62	Siree	i Addres	55 (F.O. BOX Number is	Hot Accep			
VER	O BEACH FL 32966				83			1.34.		1,15		
	,				84	City				FL	85 Zi	p Code
		2 and 607 450	39 Elorida Statu	toc the	above	name	d corpo	ration submits this state	ment for the		- changing	its registered
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.150 of Florida, Sur	JB, Florida Statu	ites, trie authoriza	above ed hv t	:-!!aii!!	poration	n's board of directors. I h	nerehy acce	ept the appo	intment as	registered.
. · · · · oπice of r	edisteled agent, or porti, in the State of	or i fortua. Cut	un unanye was a	444		tne corp	P +		icico, acci			
√S conice or r	m familiar with, and accept the obligat	tions of, Section	on 607.0505, Fk	orida Sta	atutes.	tne con	P • • • • • • • • • • • • • • • • • • •		icroby about			
SIGNATURE	m familiar with, and accept the obligat	tions of, Section	on 607.0505, FR	onua sta	atutes.							
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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: