## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 1. Corporation Name F66955

(8)

ISLAND TITLE GUARANTY AGENCY, INC.

## **FILED** Apr 23 1998 8:00am Secretary of State

DO NOT WRITE IN THE SPACE

Principal Place of Business Mailing Address						-	1 <b>610</b> /1 <b>010</b> 3/1 1				
1118 N COLLIER BLVD 1118 N COLLIER BLVD MARCO ISLAND FL 33937						DO NOT WRITE	IN THIS S	SPACE			
						3. Date Incorporated or Qualified				٦	
						02/12/1982					
	lace of Business	<u>⊢</u> ¬	2a. Mailing Address			4. FEI Number				4	
21 Suite, Apt.	# atc	Suite, Apt. #, etc.				59-0162720		Not Applicable \$8.75 Additional			
22	#, <b>G</b> (C)	27 Suite, Apr. #, etc.				5. Certificate of Status Desired			Additional equired		
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be					
23		28	28			Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Cou	Country		8. This corporation owes or has pa	id the curr	ent year In	tangible	1	
24	25	29	30	<u>.</u> .		Personal Property Tax due June 30. 🔽 Yes 🗌 No			☐ No		
	Name and Address of Currer	nt Registered Agent		81 Na		10. Name and Address of New Re	gistered A	gent		4	
	RGREN, DAWNETTE M.		ŀ	81 Na	me						
1	8 N COLLIER BLVD		Ī	<b>82</b> Str	et Addre	ss (P.O. Box Number is Not Acceptab	le)			1	
	RCO ISLAND, FL		}	83	· · · · · · · · · · · · · · · · · · ·					4	
339	37		[							İ	
			ĺ	<b>84</b> Cit	,		FL	<b>85</b> Zip	Code		
11. Pursuant I office or re agent. I as	to the provisions of Sections 607,050 egistered agent, or both, in the State in familiar with, and accept the obligi	2 and 607,1508, Florida Statute of Florida Such change was a alions of Section 607,0505, Flo	es, the about the state of the	ove-nar by the utes.	ned corpo corporatio	oration submits this statement for the poon's board of directors. I hereby accep	urpose of the appo	changing it sintment as	ts registered registered	1	
SIGNATURE	DAWNETTE M. No SUMMILE, typed or printed name of registered age	KARSO	Registered	Agent sign	ature require	d when reinstating)	16/98	<i>r</i>	<u> </u>		
12.	<del></del>	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12	6	
TITLE	PT	☐ DELETE	1.1 TIT	1.1 TITLE				Change	Addition	18	
NAME	Leeber, robert b	1.2		MF	ĺ					×	
STREET ADDRESS	1000 0. 00021211 021011 111 11 202		1.3 ST	1.3 STREET ADDRESS						CR2E034 (10/97	
CITY-ST-ZIP	MARCO ISLAND FL	Documen		Y-ST-ZIP						75	
TITLE	EVPS	☐ DELETE						Change	☐ Addition	0	
NAME OTREET LODDESON	NORGREN, DAWNETTE M			2.2 NAME							
STREET ADDRESS	,		1	REET ADDRE	ss						
CITY-ST-ZIP TITLE	MARCO ISLAND FL	DELETE	2. 4 CI* DELETE 3.1 TIT			• •	,	Change	Addition	-	
NAME	1	_ veet	3.2 NA					origings	Auguoni		
STREET ADDRESS	·			REET ADDRE	ss						
CITY-ST-ZIP	•			TY-ST-ZiP							
TITLE		DELETE	4.1 TITI				7	Change	Addition	1	
NAME			4. 2 NA	ME							
STREET ADDRESS			4.3 STF	EET ADDRE	ss						
CITY-ST-ZIP			4 4 CIT	Y-ST-ZIP						1	
TITLE		☐ DELETE	5.1 TITI	LE				Change	Addition	1	
NAME			5.2 NA	ME							
STREET ADDRESS			5.3 STF	reet addre	ss						
CITY+ST-ZIP	<del></del> -			Y-ST-ZIP						]	
TITLE		☐ DELETE	6.1 T(T)					Change	Addition Addition		
NAME			6.2 NAI								
STREET ADDRESS				REET ADDRE	ss						
CITY-ST-ZIP	actiffs that the information and find	St. at 1 Att. Att. Att. Att. Att. Att. Att. A	6.4 CIT	Y-ST-ZIP						1	

in 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 supplied 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 shall be considered in the receiver or rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in