


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90098 038 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT</b> <b>1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # F66955</b> 1. Corporation Name <b>ISLAND TITLE GUARANTY AGENCY, INC.</b>					
Principal Place of Business <b>1118 N COLLIER BLVD</b> <b>MARCO ISLAND FL 33937</b>			Mailing Address <b>1118 N COLLIER BLVD</b> <b>MARCO ISLAND FL 33937</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified <b>02/12/1982</b> 4. FEI Number <b>59-0162720</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>NORGREN, DAWNETTE M.</b> <b>1118 N COLLIER BLVD</b> <b>MARCO ISLAND, FL</b> <b>33937</b>			10. Name and Address of New Registered Agent 81 Name <b>ROBERT B. LEEBER</b> 82 Street Address (R.O. Box Number is Not Acceptable) <b>1118 N. COLLIER BLVD</b> 83 City <b>MARCO IS.</b> <b>FL</b> 85 Zip Code <b>33937</b>		
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE <i>[Signature]</i> DATE <b>3/1/99</b> <small>Signature typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS TITLE <b>PT</b> NAME <b>LEEGER, ROBERT B</b> <input type="checkbox"/> DELETE STREET ADDRESS <b>1036 S. COLLIER BLVD., APT. 202</b> CITY-ST-ZIP <b>MARCO ISLAND FL</b> TITLE <b>EVPS</b> <input type="checkbox"/> DELETE NAME <b>NORGREN, DAWNETTE M</b> STREET ADDRESS <b>1389 COLLIER BLVD.</b> CITY-ST-ZIP <b>MARCO ISLAND FL</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
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. SIGNATURE: <i>[Signature]</i> DATE <b>7/23/99</b> DAYTIME PHONE # <b>941-517-1521</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

CR2E034 (5/99)