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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000003177 (1)

SUN CITY CENTER FL 33573-5698

**DIETZ JAMES** 

2020 CLUBHOUSE DR

SUN CITY CENTER FL

CITY-S1-ZIP

STREET ADDRESS

TITLE

NAME

FIRST FIDELITY TITLE, INC.

Principal Place of Business Mailing Address 2020 CLUBHOUSE DR. PO BOX 5698 2020 CLUBHOUSE DR. PO BOX 5698 SUN CITY CENTER FL 33573-5698 SUN CITY CENTER FL 33573-5698 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/30/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3321774 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name FLINN, MILTON G 2020 CLUBHOUSE DR. PO BOX 5698 82 Street Address (P.O. Box Number is Not Acceptable) SUN CITY CENTER FL 33573-5698 83 84 City Zip Code 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 Signature, typed or printed name of registerior agent and title if applicable (NOTE Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Charge NAME HOFFMAN, ALFRED JR 1.2 NAME 2020 CLUBHOUSE DR. PO BOX 5698 STREET ADDRESS 1.3 STREET ADDRESS SUN CITY CENTER FL 33573-5698 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELFTE Change \_\_\_ Addition TITLE 2.1 TITLE NAME ACKERMAN, DON E. 2.2 NAME STREET ADDRESS 2020 CLUBHOUSE DR. PO BOX 5698 2.3 STREET ADDRESS SUN CITY CENTER FL CHY-ST-ZIP 2.4 CITY-ST-ZIP DELFTE ☐ Change 3.1 TITLE Addition TITLE NAME PETER, E. L. 3.2 NAME 2020 CLUBHOUSE DR. PO BOX 5698 STREET ADDRESS 3 3 STREET ADDRESS SUN CITY CENTER FL 33573-5698 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME STARKEY, JERRY L 4. 2 NAME 2020 CLUBHOUSE DR. PO BOX 5698 STREET ADDRESS 4.3 STREET ADDRESS SUN CITY CENTER FL 33573-5698 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME FLINN, MILTON G 5.2 NAME STREET ADDRESS 2020 CLUBHOUSE DR. PO BOX 5698 **53 STREET ADDRESS** 

14. I hereby certify that the information supplied with this filing do indicated on this annual report or suppliemental annual report officer or director of the corporation or the receiver or trusted Block 12 or Block 13 if changed, or on an attachment yith a). urate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in idress 634-3311 SIGNATURE:

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

61 TITLE 62 NAME

DELETE

s not qualif

2-6-98

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

Change

Addition

FILED

Feb 12 1998 8:00am

Secretary of State