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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # G48088**

Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90054 033 \*\*\*150.00

1. Corporation Name							İ		
ESTATE TITLE AND GUARANTY, INC.									
							3 1201111 8011 61001 10111 60101 10101	ELEN ALBER ELEN	#(#I) #(#I) (##)
									<b>111</b> 11   1111   111
Principal Plac	ce of Busines		Mailing A	Address				Bibil Dien Gibil	DIEN ANDA IDA
71 CARRERA S			_						
71 CARRERA ST									
US ST AUGUSTINE FL 32084							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed		
							07/06/1983		
2. Principal F	Place of Busin	ness	2a, Mailir	2a. Mailing Address			4. FEI Number	Га	oplied For
21	21			26			59-2307196	<u> </u>	ot Applicable
Suite, Apt.	Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75	Additional
22			27				5. Certificate of Status Desired	Fee R	equired
City & State			City 8	City & State			6. Election Campaign Financing	\$5.00	May Be
23 28							Trust Fund Contribution Added to Fees		
Zip	1	Country	Zip		Countr	у	8. This corporation owes the current year In		_
24		25	29		30		Personal Property Tax.	☐ Yes	□No
	9. Name	and Address of Co	urrent Registered	Agent	8.	(	10. Name and Address of New Registered	Agent	
LAG	ASSE, CAR	OL A.			*	Name			
	CARRERA S				82	2 Street Add	dress (P.O. Box Number is Not Acceptable)		
ST A	AUGUSTINE	FL 32084			8:				
					*	<b>'</b>			
					84	City		<b>85</b> Zip	Code
44 Burguant	to the provin	ions of Costions 603	0500 and 607 450	O Florido Casta	455		FL poration submits this statement for the purpose of	<b>-</b>   (	
office or r	registered ag	ent, or both, in the S	State of Florida, Suc	o, Florida Statut h change was a	es, the above uthorized by	/e-named cor / the corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	r cnanging its intment as re	registered gistered
agent. I a	ım familiər (vi	th, and accept the o	bigations of Section	n 607.0505, Flo	rida Statute	S.	7 1 40		1
SIGNATURE		or printed name of registere	KLAKTARO.	- MOTE	/   /+		red when reinstating) DATE		
12.	Olgridiolo, ijped		S AND DIRECTOR		13.	ant signature requir	ADDITIONS/CHANGES TO OFFICERS A	ID DIDECTO	NDC IN 40
TITLE	DP		<del>_</del>	DELETE	1.1 TITLE		ADDITIONO/OFFATOES TO OFFICERS A	☐ Change	Addition
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	LAGASSE	, CAROL A	-	☐ DELETE	1.2 NAME	T ADDRESS	ADDITIONS OF PARTIES A		
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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 of on an attachment with an address, with all other like empowered.

SIGNATURE: