


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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90024 007 ***158.75

0074917

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # G59230

1. Corporation Name

FIRST SOUTHWESTERN TITLE COMPANY OF FLORIDA

Principal Place of Business

2250 LUCIEN WAY
200
MAITLAND FL 32751
US

Mailing Address

2250 LUCIEN WAY
200
MAITLAND FL 32751
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1983

4. FEI Number

58-1530586

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

ANITA, DANA C.
2250 LUCIEN WAY STE 200
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KAYTON, DAVID	
STREET ADDRESS	2128 N. BAY RD.	
CITY-ST-ZIP	MIAMI BCH. FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANITA, DANA C.	
STREET ADDRESS	2250 LUCIEN WAY #200	
CITY-ST-ZIP	MAITLAND FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	KAYTON, MATTHEW	
STREET ADDRESS	5430 NW 33RD AVE., #103	
CITY-ST-ZIP	FT LAUDERDALE FL	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KAREN LEE GRIMES	
STREET ADDRESS	2250 LUCIEN WAY STE 200	
CITY-ST-ZIP	MAITLAND FL	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, TONYA	
STREET ADDRESS	5430 NW 33RD AVE., #103	
CITY-ST-ZIP	FT LAUDERDALE FL	

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	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Dana Coleman
2.3 STREET ADDRESS	2250 Lucien Way, Suite 200
2.4 CITY-ST-ZIP	Maitland, FL 32751

3.1 TITLE	VICE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Matthew Kayton
3.3 STREET ADDRESS	1868 S. University Blvd. #203
3.4 CITY-ST-ZIP	Plantation, FL 33322

4.1 TITLE	ASSISTANT VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LYNNE E. ELMOLD
4.3 STREET ADDRESS	2250 LUCIEN WAY, SUITE 200
4.4 CITY-ST-ZIP	Maitland, FL 32751

5.1 TITLE	ASSISTANT VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SHEYL HAMILTON
5.3 STREET ADDRESS	5965 Red Bug Lk. Rd, Suite 201
5.4 CITY-ST-ZIP	Winter Springs, FL 32708

6.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JIM JUSTISON
6.3 STREET ADDRESS	1868 S. University Blvd. #203
6.4 CITY-ST-ZIP	Plantation, FL 33322

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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99

Date

(407)660-1717

Daytime Phone #

CR2E034 (11/98)