

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 #659230

1. Corporation Name
FIRST SOUTHWESTERN TITLE COMPANY OF FLORIDA

Principal Place of Business
2250 LUCIEN WAY SUITE 200
MAITLAND, FLORIDA 32751

Mailing Address

APPROVED
AND
FILED

AMENDMENT
99 SEP 27 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2250 LUCIEN WAY		26 SAME		9/12/83	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 # 200		27 SAME		58-1530586	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 MAITLAND, FLORIDA		28 SAME		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 32751		29 SAME		30 SAME	
Country		Country		10. Name and Address of New Registered Agent	
25 U.S.		31 SAME		32 SAME	
9. Name and Address of Current Registered Agent				81 Name	
ANITA C. DANA				82 Street Address (P.O. Box Number is Not Acceptable)	
2250 LUCIEN WAY SUITE 200				83	
MAITLAND, FL. 32751				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: _____ (NOTE: Registered Agent signature required when reinstating)					
DATE: _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE			1.1 TITLE		
NAME			PRESIDENT/ DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			1.2 NAME		
CITY-ST-ZIP			ANITA C. DANA; 2250 LUCIEN WAY SUITE 200		
21 2128 N. BAY RD.			1.3 STREET ADDRESS		
MIAMI BEACH, FL.			1.4 CITY-ST-ZIP		
22 32751			2.1 TITLE		
23			2.2 NAME		
24			SHERRY HAMILTON/ ASSISTANT VICE PRES.		
25			2.3 STREET ADDRESS		
26			5965 RED BUG LAKE RD. #221		
27			2.4 CITY-ST-ZIP		
28			WINTER SPRINGS, FL. 32708		
29			3.1 TITLE		
30			3.2 NAME		
31			SANDRA KAYTON		
32			3.3 STREET ADDRESS		
33			CEO/ DIRECTOR; 2128 N. BAY RD.		
34			3.4 CITY-ST-ZIP		
35			MIAMI BEACH, FL.		
36			4.1 TITLE		
37			4.2 NAME		
38			MARTY ALTHOFF		
39			4.3 STREET ADDRESS		
40			SR. VICE PRES.; 610 N. ALMA SCHOOL RD. #		
41			4.4 CITY-ST-ZIP		
42			CHANDLER, AZ 85224		
43			5.1 TITLE		
44			5.2 NAME		
45			ROBERTA GLASIER		
46			5.3 STREET ADDRESS		
47			SECRETARY/ TREASURER		
48			5.4 CITY-ST-ZIP		
49			1868 S. UNIVERSITY BLVD. # 203		
50			5.5 CITY-ST-ZIP		
51			PLANTATION, FL. 33322		
52			6.1 TITLE		
53			6.2 NAME		
54			6.3 STREET ADDRESS		
55			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, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/1/99 Daytime Phone #: 407.660.172

CR2E034 (11/98)