Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90178 044 \*\*\*150.00

## 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 # **H29939**

ATLANTIC TITLE INSURANCE COMPANY

Principal Place of Business	81811 81811 81811 818 <del>1</del> 1 1881
95360 OVERSEAS HWY STE 10 95360 OVERSEAS HWY STE 10 P.O. BOX 2800 P.O. BOX 2800 DO NOT WRITE IN THIS SP.  KEY LARGO FL 33037 KEY LARGO FL 33037  3. Date Incorporated or Qualifed 11/14/1984	
3. Date Incorporated or Qualifed 11/14/1984	PACE
11/14/1984	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
26 59-2476637	Not Applicable
Suite Apt # etc	\$8.75 Additional
5. Certificate of Status Desired	Fee Required
City & State City & State 6 Flection Campaign Financing	\$5.00 May Be
28 Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation owes the current year Intang	jible
24 25 29 30 Personal Property Tax.	Yes □No
Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent	ent
81 Name	
MCCLUNG, ANDREW 82 Street Address (P.O. Box Number is Not Acceptable)	
95360 OVERSEAS HWY., STE 10	
KEY LARGO FL 33037	
84 City FL 8	85 Zip Code
· · · · · · · · · · · · · · · · · · ·	- sing its registered
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 change was authorized by the corporation's board of directors. I hereby accept the appointment of the provision of the purpose of the appointment of the provision of the provision of the provision of the provision of the purpose of the provision of the provisi	nent as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
SIGNATURE    Signature   Number of professional and life if englishing   (NOTE: Registered Agent signature required when reinstating)   DATE	
Signature, types of prince trains of registrate and the response to the prince trains of registrate and the response to the prince trains of registrate and the response to the prince trains of registrate and the registrate	DIRECTORS IN 12
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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:

CITY-ST-ZIP