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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H42880

1. Corporation	Name						
•	RE TITLE INSURANCE CON	JPANY					
Britano	112 11122 1140011111402 0011	M 7 W W)			1 1841911 BIN 81818 12831 18181 19111 BBN 1	NGN BIDIK BIDKI BIDIK B	1891 BIBIT 1889
Principal Place	of Rusinese	Mailing Address				BIBIL BLEIF BIBIL BIBIL B	
•		3431 HENDERSON BLVD				•	
3431 HENDERSON BLVD TAMPA FL 33609-2938 TAMPA FL 33609-2938							
US US				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					02/14/1985		
Principal Place of Business 2		2a. Mailing Address		4. FEI Number	Ap	plied For	
21		26			59-2522957	- No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22		27			J. Certificate of Classo Dosnog	Fee Re	quired
City & State	9	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current year		
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registe	ered Agent	
TIOT	DT CVAITURA CEODOE		81	Name			
	RT, CYNTHIA GEORGE		82	Street Add	ress (P.O. Box Number is Not Acceptable)	··-	
3431 HENDERSON BLVD				,	·		
IAMI	PA FL 33609		83			·	
			84	City	,	85 Zip C	Code
				1		FL " '	
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the abov	e-named corp	poration submits this statement for the purpo on's board of directors. I hereby accept the a	se of changing its	registered i
office or re	m familiar with, and accept the obligat	tions of, Section 607.0505, Flori	ida Statutes	the corporations.	on's board of directors. Thereby decept me o		
agent. I ar	m familiar with, and accept the obligat	tions of, Section 607.0505, Flori	ida Statutes	the corporations.	on's board of directors. Thorough according to		
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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 against leport 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 received 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 or an attackment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

BRUCE M. TIGERT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR