

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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90098 031 ***150.00

0382611

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

DOCUMENT # K98962
 1. Corporation Name
SUNCO TITLE INSURANCE AGENCY, INC.



Principal Place of Business 819 CYPRESS VILLAGE BLVD RUSKIN FL 33573 US	Mailing Address 819 CYPRESS VILLAGE BLVD RUSKIN FL 33573 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 811 Cypress Village Blvd.	2a. Mailing Address 26 SAME
22 Suite, Apt. #, etc. Suite A	27 Suite, Apt. #, etc.
23 City & State RUSKIN, FL.	28 City & State
24 Zip 33573	25 Country Hiluborough
29 Zip	30 Country

3. Date Incorporated or Qualified 06/29/1989	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0131773	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PRESTON, ALLEN
3805 CARDENAL AVE
SUITE 1400
RUSKIN FL 33573

10. Name and Address of New Registered Agent

81 Name ALLEN PRESTON
82 Street Address (P.O. Box Number is Not Acceptable) 811 CYPRESS VILLAGE Blvd.
83
84 City RUSKIN
85 State FL
86 Zip Code 33573

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		
TITLE PD + SD	PRESTON, ALLEN J.	<input type="checkbox"/> DELETE
NAME	3805 CARDENAL AVENUE	
STREET ADDRESS	RUSKIN FL	
CITY-ST-ZIP		
TITLE SD	PRESTON, ROSINA	<input checked="" type="checkbox"/> DELETE
NAME	3805 CARDENAL AVENUE	
STREET ADDRESS	RUSKIN FL	
CITY-ST-ZIP		
TITLE TD	AGAN, PATRICIA M.	<input checked="" type="checkbox"/> DELETE
NAME	5008 TERRACE VILLAGE LN.	
STREET ADDRESS	TAMPA FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 ALLEN PRESTON PRESIDENT 3-1-99 813-633-3330
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)