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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

04-29-1999 90124 039 ***150.00

DOCU	MENT # L42838						
1. Corporation	Name	TOTATION INC			{		
HILLSBU	ROUGH ABSTRACTING & F	HESEARUM, INC.			1 JANUARIA BAL BANDA 1880 I MENDESTANDA 1881 BANDA	: 01011 01011 01011 6	
Principal Place	of Business \	Mailing Address				! BIBEL BEDIK BEBEL B	i Dic Binsi i nai
1201 E. ELLICO	1 /-	PO BOX 1689					
TAMPA FL :3603					DO NOT WRITE IN TH	IC CDACE	
US 1012	3 SKEW EET RD	T ampa FL 336 01 US			3. Date Incorporated or Qualifed	IS SPAUL	
7/1-1/2	ATOMOCA El 22597				01/10/1990		
2 Principal Pl	0T05N 55N , FL 33592 ace of Business	2a. Mailing Address			4. FEI Ni mber	App	lied For
21 26					59-2982238		Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	
27						Fee Re	.:
City & State	2	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Cour try	28	Country	v	8. This corporation owes the current year		
24	25	_ 	30	•	Personal Property Tax.	Yes	No _
	9. Name and Address of Current	. <u> </u>			10. Name and Address of New Registere	d Agent	
			81	Name			
	G, LARRY M.		82	Street Ac	dress (P.O. Box Number is Not Acceptable)		
P() BOX 1688			_				
IAM	PA FL 33601		83	3			ĺ
			84	City	· F	85 Zip (Code
	the residence of Sections 507.0503	and 607 1508. Florida Statura	- the above	/e-named co	moration submits this statement for the purpose	of changing its	ragistered
office or re	egistered agent or both in the State (of Elerida, Such change was put	s, and abb.	o namou oo	1) In her old of all and a liberality and of the one	printment as rec	
l onice of the	ogiotorea agora, or borr, in the ourse	S: Florida. Such Charles was du	do Statuto	vitne corpora	tion's board of cirectors. I hereby accept the app	John ment as ref	gistered
agent. aı	m familiar with, and accept the colligat	ions of, Section 607.0505, Fiori	da Statutes	the corpora	in s board of cirectors. Thereby accept the app	/99	gistered
agent. ai	m familiar with, and accept the oligat	Ions of, Section 607.0505, Fiori	da Statute: Ru (~ (<u>~</u>	y the corpora s. 	inion's board of cirectors. Thereby accept the app	49	gistered
agent. ai	m familiar with, and accept the colligate Signature, typed or proted name of registand agen OFFICERS AN	t and title if applicable. (NOTE: F	Cu C-C-Registered Age	y the corpora s. 	STINENT / W/22	AND DIRECTO	FS IN 12
agent. as	Signature, typed or printed name of registant agen OFFICERS AN	and title if applicable. (NOTL: F	Registered Age 13.	y the corpora s. 	ition's board of cliebtors. Thereby accept the app	/44	
agent. all SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registant agen OFFICERS AN	inns of, Section 607,0505, First	Registered Age 13. 1.1 TITLE 1.2 NAME	ont signeture requ	ition's board of cliebtors. Thereby accept the app	AND DIRECTO	FS 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 a must report is true and accurate and that my signature shall have the same legal effect as if made uncer oath; that I am an officer of 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 artichment with an address, with all other like empowered.

SIGNATURE: