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 # 1. Corporation Name P93000080584

TITLE GROUP, INC.

							BEIN BEIDI :	. 3414 99191 9148	
Principal Place	e of Business	Mailing Address							
900-CTH-AVE.	30UTH	P.O. BOX 8532							
3 UITE 301-		NAPLES FL 34101			DO NOT WRITE IN THIS SPACE				
NAPLEG-FL-24102		U\$			3. Date incorporated or Qualified				
						J =			1
		- 1				11/17/1993			
'	lace of Business	2a. Mailing Address	Mailing Address			11		oplied For	
21 305.	5 The Coeme South	26			65-0469013	00 0 10 00 10		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional
22 Secil	204	27							equired
City & State		City & State				6. Election Campaign Financing			May Be
A/A	Olec FL	28				Trust Fund Contribution	<u> </u>	Added	to Fees
Zip	Country	Zip	Cou	ıntry		8. This corporation owes the curre	nt year Inta		
24 34 102-	6475 25 USA	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	t Registered Agent		<u> </u>		10. Name and Address of New Re	gistered	Agent	
				81	Name				
SZEMPRUCH, DAVID J				82	Stroot Add	Address (P.O. Rox Number is Not Acceptable)			
5100 TAMIAMI TRAIL NORTH				82 Street Address (P.O. Box Number is Not Acceptable))	
SUITE 201				83					
NAPI	LES FL 34103								
				84	City		FL	85 Zip	Code
		1003 1500 51 11 01 11	- 45	1 1		tion as basite this statement for the r		changing it	s registered
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute of Florida. Such change was at	as, the a athorized	ove d by t	-named corp the corporati	poration submits this statement for the prion's board of directors. I hereby accept	the appoi	ntment as re	egistered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flor	rida Stat	utes.			• • •		44
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered	l Agent	signature require	ed when reinstating)	DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	DPST	☐ DELETE	1.1 T/	ITLE				Change	☐ Addition
NAME	SWIRDA, LEONARD L		1.2 N/	AME					
STREET ADDRESS	708 SHADOW LAKE LANE		1.3 S	TREET	ADDRESS				1
CITY-ST-ZIP	NAPLES FL 34108		1.4 CI	ITY-ST	I-ZIP				
TITLE	100 000 100 100								
NAME		☐ DELETE	2.1 TI	ΠLE				☐ Change	Addition
		☐ DELETE						Change	Addition
		☐ DELETE	2.2 N	AME	ADDRESS			Change	☐ Addition
STREET ADDRESS		☐ DELETE	2.2 N/ 2.3 S1	ame Treet	ADDRESS			☐ Change	☐ Addition
CITY-ST-ZIP_		_	2.2 N/ 2.3 ST 2.4 C	AME TREET CITY-S1					
·		☐ DELETÉ	2.2 N/ 2.3 ST 2. 4 C 3.1 TI	AME TREET CITY-ST				☐ Change	☐ Addition
CITY-ST-ZIP_		_	2.2 N/ 2.3 ST 2.4 C	AME TREET CITY-ST					
CITY-ST-ZIP_		_	2.2 N/ 2.3 S1 2.4 C 3.1 TI 3.2 N/	AME TREET CITY-ST ITLE IAME					
CITY-ST-ZIP TITLE NAME		_	2.2 N/ 2.3 S1 2.4 C 3.1 TI 3.2 N/ 3.3 S1	AME TREET CITY-ST ITLE IAME	T-ZIP ADDRESS			☐ Change	Addition .
CITY-ST-ZIP TITLE NAME STREET ADDRESS		_	2.2 N/ 2.3 S1 2.4 C 3.1 TI 3.2 N/ 3.3 S1	AME TREET CITY-SI ITLE AME TREET CITY-SI	T-ZIP ADDRESS				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETÉ	2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST 3.4. C	AME TREET CITY-SI ITLE AME TREET CITY-SI	T-ZIP ADDRESS	,		☐ Change	Addition .
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETÉ	2.2 N/2 2.3 S1 2.4 C 3.1 TI 3.2 N/2 3.3 S1 3.4. C 4.1 TI 4.2 N/2	AME TREET CITY-SI ITLE LAME TREET CITY-SI ITLE VAME	T-ZIP ADDRESS			☐ Change	Addition .
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETÉ	2.2 N/ 2.3 S1 2.4 C 3.1 TI 3.2 N/ 3.3 S1 3.4 .C 4.1 TI 4.2 N/ 4.3 S1	AME TREET CITY-ST TILE TREET TILE VAME	T-ZIP ADDRESS T-ZIP ADDRESS	,		☐ Change	Addition .
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETÉ	22 N/ 23 S1 2.4 C 3.1 TI 3.2 N/ 3.3 S1 3.4. C 4.1 TI 4.2 N/ 4.3 S' 4.4 CI	AME TREET CITY-SI TREET CITY-SI TREE WAME TREET TREET	T-ZIP ADDRESS T-ZIP ADDRESS			☐ Change	Addition .
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETÉ	22 N 23 S1 2 4 C 3.1 T1 3.2 N 3.3 S1 3.4 C 4.1 T1 4.2 N 4.3 S 4.4 C 5.1 T1	AME TREET CITY-SI TILE TREET CITY-SI TILE TREET TREET TREET	T-ZIP ADDRESS T-ZIP ADDRESS			☐ Change	Addition . Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME		☐ DELETÉ	22 N/ 23 ST 2. 4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 C 4.1 TT 4.2 N/ 4.3 S' 4.4 CI 5.1 TT 5.2 N/	AME TREET TILE AME TREET TILE VAME TREET TILE TREET TILE TREET TILE AME	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP			☐ Change	Addition . Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETÉ	22 NV 23 S1 2.4 C 3.1 TI 3.2 NV 3.3 S1 3.4 C 4.1 TI 4.2 N 4.3 S ² 4.4 CI 5.1 TI 5.2 NV 5.3 S ²	AME TREET CITY-ST TILE AME TREET CITY-ST TILE VAME TREET TILE TILE TILE TILE TILE TILE TILE T	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP			☐ Change	Addition . Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME		☐ DELETÉ	22 NV 23 S1 2.4 C 3.1 TI 3.2 NV 3.3 S1 3.4 C 4.1 TI 4.2 N 4.3 S ² 4.4 CI 5.1 TI 5.2 NV 5.3 S ²	AME TREET CITY-ST TILE AME TREET TILE VAME TREET TILE AME TREET TILE AME	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP			☐ Change	Addition Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90081 011 ***158.75