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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000001482 (6)

1. Corporation Name
AMERICAN HOME EQUITY TITLE, INC.



Principal Place of Business

4830 W KENNEDY BLVD
SUITE 595
TAMPA FL 33609

Mailing Address

4830 W KENNEDY BLVD
SUITE 595
TAMPA FL 33609-2562

3. Date Incorporated or Qualified 12/29/1993
3a. Date of Last Report 07/05/1996

2. Principal Place of Business

21 2605 ENTERPRISE RD E
Suite, Apt. #, etc.

22 STE 150

23 Clearwater FL

24 34619

2a. Mailing Address

26 2605 ENTERPRISE RD E
Suite, Apt. #, etc.

27 STE 150

28 Clearwater FL

29 34619

4. FEI Number 59-3235193
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BAUMGART, BILL
4830 W KENNEDY BLVD
STE 595
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2605 ENTERPRISE RD E.
83 STE 150
84 City Clearwater FL 85 Zip Code 34619

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, 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 *[Signature]* DATE 1-9-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BAUMGART, WILLIAM H
STREET ADDRESS 4830 WEST KENNEDY BLVD. #595
CITY-ST-ZIP TAMPA FL 33609

TITLE D ☐ DELETE
NAME BAUMGART, DEBBIE
STREET ADDRESS 4830 W KENNEDY BLVD STE 595
CITY-ST-ZIP TAMPA F

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2605 ENTERPRISE RD E # 150
1.4 CITY-ST-ZIP CLEARWATER FL 34619

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2605 ENTERPRISE RD E # 150
2.4 CITY-ST-ZIP CLEARWATER FL 34619

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 for 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.

SIGNATURE: *[Signature]* DATE 1-9-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)