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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000001482

1. Corporation Name

AMERICAN HOME EQUITY TITLE, INC.

								 						
Principal Plac	e of Business	Mailing Addre						 		atil Oldir i		<u> </u>		091 18110 HAY 10EH
2605 ENTERPRISE RD E		2605 ENTERPRISE RD E				-								
STE 150		STE 150				DO NOT WRITE IN THIS SPACE								
CLEARWATER FL 33759 CLEARWATER			TER FL 33759				2	3. Date Incorporated or Qualifed						
••		50					3.	12/29/1		,, ,,	J J			
2. Principal P	lace of Business	2a. Mailing A	ddress				4.	FEI Num					<u> </u>	Applied For
21		26					-	59 323	519 3	<u> 59-</u>	<i>-34</i>	268	801	Not Applicable
Suite, Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.				5	Certifcate	e of Sta	tus Desi	red			5 Additional
22		27												Required
City & State		⊢ ′	City & State			6.	Election (•	-	ncing		•	May Be	
Zip	Country	Zip		Cour	ntrv						e curr	ent vear	Intangible	50 10 1 003
24	25	29	ĺ:	30	,		0.	Personal			io cuii	cin you	Yes	₽No
24	9. Name and Address of Current						10.	Name ar	nd Add	ress of	New F	Register	ed Agent	
					81	Name								
	MGART, BILL			ŀ	82	Street	Address (P	O. Box N	lumber	is Not A	ccepta	ble)		
2605 ENTERPRISE RD E STE 150							`			•				
	ARWATER FL 33759				83									
OLL)	AIMAILITTE 33733			İ	84	City							85 Z	ip Code
L	to the provisions of Sections 607.0502		larida Ctatuta	s the at	<u> </u>	namad	comoration	eubmite	thic eta	tement f	or the		- ' '	its registered
office or r	registered agent or both in the State o	f Florida. Such ch	ange was au	thorized	bv t	he corpo	pration's bo	ard of dire	ectors.	I hereby	accep	t the ap	pointment as	registered
agent. I a	im familiar with, and accept the obligati	ons of, Section 60	07.0505, Flori	da Statu	ites.									i
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE:	Registered .	Agent	signature r	equired when r	einstating)				DATE		
12.	OFFICERS AND			13.				ADDITION	IS/CHA	NGES 1	O OF	FICERS	AND DIREC	TORS IN 12
TITLE	D] DELETE	1.1 TIT	LΕ		VP						☐ Chan	ge 🔼 Addition
NAME	BAUMGART, WILLIAM H	,		1.2 NA	ME		IAN 2605 Clea)KM	# <i>N</i>	نے د	#1	50	\
STREET ADDRESS	II			1.3 STI	REET	ADDRESS	2600	EAT	er pr	ise N	ロルマ	27~	~	
CITY-ST-ZIP	CLEARWATER FL 33759	· -	Tori ere	1.4 CIT		-ZIP	C/C4:	wate	'_ _	1.0		3/0	7 ☐ Chan	ge Addition
TITLE		L] DELETE	2.1 TIT										ge
NAME				2.2 NA		ADDRESS	-	•						
STREET ADDRESS				2.4 CF										.
CITY-ST-ZIP			DELETE	3.1 TIT		,- <u>2</u> ,							Chan	ge
NAME				3.2 NA	ME									
STREET ADDRESS				3.3 ST	REET	ADDRESS								!
CITY-ST-ZIP				3.4. CI	TY-SI	Γ-ZIP								
TITLE			DEFELE	4.1 TIT	LE								Chan	ge 🔲 Addition
NAME				4. 2 NA	ME									
STREET ADDRESS				4.3 ST	REET	ADDRESS .								,
CITY-ST-ZIP	1													
			1 DELETE	4.4 CIT	Y-ST	-ZIP							☐ Chan	ne
TITLE			DELETE	5.1 TIT	Y-\$T LE	-ZIP				,			☐ Chan	ge Addition
NAME		C	DELETE	5.1 TIT 5.2 NA	Y-ST LE ME								Chan	ge Addition
NAME STREET ADDRESS		Г	DELETE	5.1 TIT 5.2 NA	Y-ST LE ME REET	ADDRESS			 				☐ Chan	ge Addition
NAME			DELETE	5.1 TIT 5.2 NA 5.3 STI	Y-ST LE ME REET Y-ST	ADDRESS							☐ Chan	
NAME STREET ADDRESS CITY-ST-ZIP				5.1 TIT 5.2 NA 5.3 STI 5.4 CIT	Y-ST LE ME REET Y-ST LE	ADDRESS								

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 file 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 all attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS