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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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

01-29-1999 90048 002 ***158.75

DOCUMENT # 1. Corporation Name	P94000049484
WEST COAST TITLE	& ABSTRACT COMPANY

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							06/29/1994		<u> </u>	· 	- 201
f	Place of Business		g Address				4. FEI Number	0			Applied For
Suite, Apt.	# etc	26 Suite	Apt. #, etc.				65-050275	U			Not Applicable 5 Additional
Suite, Apt.	#, Gto.	27	-фι. и, σι σ.				5. Certifcate of S	Status Desired			Required
City & Stat	te		State				6. Election Camp	naign Financing	· -		00 May Be
23		28					Trust Fund Co				ed to Fees
Zip	Country	Zip		Coun	try		8. This corporati		rrent vear In		
24	25	29		30			Personal Prop		,	Yes	₩ N₀
	9. Name and Address of Current	t Registered A	Agent		-		10. Name and A	ddress of New	Registered	Agent	
				[B1∫ N	Name					
	IGETT, DAN C B GLEN ABBEY LANE	THE STATE		1	B2 S	Street Addres	ss (P.O. Box Numb	er is Not Accept	table)		
BRA	DENTON FL 34202			Į,	B3		11000		18 11 38 11 3 5 11		
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11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State	2 and 607.150	8, Florida Statut	tes, the about the contract of	ove-n	amed corpor	ration submits this s	statement for the	e purpose o	f changing	its registered
SRATagent I a	im familiar with, and accept the obligat	tions of Section	n 607.0505, Flo	rida Statut	es.	oo porduor		o. 7 Noroz, acoc	opt the dept		· iogiotoi ou
1 1 17 72 11 11 11 11	网络银行性性性 有能压缩能压力							•			
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	Signature, typed or printed name of registered agent				gent sig	gnature required v	when reinstating)		DATE	UD DIDEO	TODO IN 40
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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 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 of 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, of on an attachment with an address, with all other like empowered.

SIGNATURE:

MOSTIPE REOIDED Burgett 1-13-99 941-741-8412