# 3

#### 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 # **P9400070289**1. Corporation Name

TOTAL TITLE SERVICES INC

### FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90147 036 \*\*\*150.00

	THE SERVICES, INC.	•						
Principal Plac	e of Business .	Mailing Address					1811 1881 1881 1818 11 <b>8</b>	B) 18318 (811 188)
930 SOUTH STATE ROAD 7 PLANTATION FL 33317  930 SOUTH STATE ROAD 7 PLANTATION FL 33317						DO NOT WRITE IN T	TUIC COACE	
						3. Date Incorporated or Qualifed	HIS SPACE	
	·					09/23/1994		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		pplied For
21	·	26				65-0522952		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	• •	Additional Required
City & Stat	te	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Coun	try		<ol> <li>This corporation owes the current year</li> <li>Personal Property Tax.</li> </ol>	r Intangible ☐ Yes	□No
24	9. Name and Address of Current	29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	[30]			10. Name and Address of New Registe		
	3. Name and Address of Current	. Registered Agent		B1	Name	14. Hallo file Lagions of Heat Hediste		
POP	LACK, ARIEL ESQ							
930	SOUTH STATE ROAD 7		'	82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
PLA	NTATION FL 33317		1	83			_	7
			1	84	City		FL 85 Zip	Code
office or a	registered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was a ions of, Section 607.0505, Flo	uthorized I rida Statut	by th	he corporation	ation submits this statement for the purpos s board of directors. I hereby accept the a	ppointment as r	egistered
12.	OFFICERS ANI	<u> </u>	13.	ABALIE :	signatura requires v	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
TITLE	DP	DELETE	1.1 TITL	£			Change	
NAME	POPLACK, ARIEL		1.2 NAM	Æ				
STREET ADDRESS	AND ACUTU ATUTE DAVA T						•	
CITY-ST-ZIP			1.3 STR		ADDRESS		•	
	PLANTATION FL 33317			EETA	ADDRESS ZIP		•	
TITLE	PLANTATION FL 33317	☐ DELETE	1.3 STR 1.4 CITY 2.1 TITL	EET A			Change	
	PLANTATION FL 33317	☐ DELETE	1.4 CITY	EET A (-ST-)			☐ Change	☐ Addition
TITLE		☐ DELETE	1.4 CITY 2.1 TITL 2.2 NAM	EET A (-ST-) E			Change	☐ Addition
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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 or the receiver or trustee empravered 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.

SIGNATURE:

SIGNOUTH ACTOR OF DIRECTOR OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/29/99

954-321-8400

Daytime Phone #

R2E034 (11/98)