FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000009414 (0)

PRECISION TITLE COMPANY, INC.

Mailing Address Principal Place of Business 197 MONTGOMERY RD 197 MONTGOMERY RD ALTAMONTE SPRINGS FL 32714 SUITE C DO NOT WRITE IN THIS SPACE ALTAMONTE SPRINGS FL 32714 3. Date Incorporated or Qualified 01/31/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3294675 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country $Z_{\rm ID}$ 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 WASSERMAN, GREGG A 197 MONGOMERY RD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE C 83 **ALTAMONTE SPRINGS FL 32714** Zip Code 84 City 85 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, or 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, typical or printed name of regishered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13 Change Addition DELETE 11 TITLE TITLE WASSERMAN, GREGG A 12 NAME NAME 2101 WEST S.R. 434, STE, 133 1.3 STREET ADDRESS STREET ADDRESS LONGWOOD FL 32779 1.4 CITY - ST - ZIP CITY-ST-ZIF Change DELETE Addition 2.1 TITLE TITLE 22 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2. 4 CITY- \$1- ZIP CITY-ST-ZIP Addition Change DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZE Change Addition DELETE TITLE 4.1 TITLE NAME 4. 2 NAM 4.3 STREET ADORESS

6.4 CITY-ST-7IP CITY-ST-ZIP the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information state and that my signature shall have the same legal effect as if made under oath; that I am an the this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. Thereby certify that the information supplied with this filing does not qualify indicated on this annual report or suppliemental annual report. True annual report is true annual report. officer or director of the corporation or the receiver or tri Block 12 or Block 13 if changed, or or an illachment a

4.4 C(1Y - S1 - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - \$1 - 2(P

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

Change

Change

Addition

Addition

FILED

May 28 1998 8:00am

Secretary of State