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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000009772 (1)

AAA TITLE INSURANCE CORPORATION, INC.

## **FILED** Feb 11 1998 8:00am Secretary of State



				{	88   18   18   18   18   18   18   18
Principal Place of Business Mailing Address					
591 BEVILLE ROAD SOUTH DAYTONA FL 32118 US		591 BEVILLE ROAD SOUTH DAYTONA FL 32119 US		DO NOT WRITE IN TH	IIS SPACE
<b></b>				3. Date Incorporated or Qualified 01/31/1995	
2. Principal Pl	ace of Business	2a. Mailing Address		4, FEI Number	Applied For
21 807 BEVILLE RD.		26 807 BEVILLE RD.		59-3294518	Not Applicable
Suite, Apt		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
	H DAYTONA	28 SOUTH DAYTO		Trust Fund Contribution	Added to Fees
Zip 24 <b>3211</b>	Country 25 <b>VOLUSIA</b>		Country  VOLUSIA	This corporation owes or has paid the Personal Property Tax due June 30.	<b>K</b> Yes □ No
	9. Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Register	ea Agent
	LLER, CECELIA C		l Name		
1747 BISCAYNE AVENUE			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
SO	UTH DAYTONA FL 32119		83		· · · · · · · · · · · · · · · · · · ·
			63		
			84 City		85 Zip Code
	60.000	and the state of t		poration submits this statement for the purpos	TL
office or re agent. I a	egistered agent, or both, in the State om familiar with, and accept the oblight	of Florida, Such change was a nons of, Section 607,0505, Flo	authorized by the corpora orida Statutes.	ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE	Signature, typed or printed name of repoters Lagunt	MOT	- Registered Agent signature requ	ured when reinstating) DA	·
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	<del>-</del>
TITLE	P	☐ DELFTE	11 TITLE		Change Addition
NAME	FULLER, CECELIA C.		12 NAME		
STREET ADDRESS	1747 BISCAYNE AVENUE		1.3 STREET ADDRESS		
CITY+ST-ZIP	SOUTH DAYTONA FL 32119		14 CITY-ST-ZIP		
TITLE	VP	DELETE	2 1 TITLE		Change Addition
NAME	FULLER, HARRY V		2.2 NAME		
STREET ADDRESS	1747 BISCAYNE AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTH DAYTONA FL 32119		2 4 CITY-ST-ZIP		
TITLE	ST	DELETE	3 1 TITLE		Change Addition
NAME	HART, SARAH G				
STREET ADDRESS	700 CTEELE ALFEANE		3 2 NAME		
	709 STEELE AVENUE		32 NAME 33 STREET ADDRESS		
CITY - ST - ZIP	SOUTH DAYTONA FL 32119		3 3 STREET ADDRESS 3 4. City-St-Zip		
TITLE		DELFTE	3 3 STREET ADDRESS 3 4. City-St-Zip 4 1 Title		Change Addition
<del></del>		DELFTE	3 3 STREET ADDRESS 3 4. CITY-ST-ZIP 4 1 TITLE 4 2 NAME		☐ Change ☐ Addition
TITLE		DELFTE	3 3 STREET ADDRESS 3 4. CITY-ST-ZIP 4 1 TITLE 4. 2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Addition
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME		DELETE	3 3 STREET ADDRESS 3 4. CITY-ST-ZIP 4 1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4 4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 6 1 TITLE 6 2 NAME		Change Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE		DELETE	3 3 STREET ADDRESS 3 4. CHY-ST-ZIP 4 1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CHY-ST-ZIP 6 1 TITLE		Change Addition

pilon supplied with this ming does not quanty for the exemption stated in Section 119.07(3)(), Florida Statutes. Further certify that the informatic for suppliemental amount report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an lation or the receiver or trusted impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in