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

PROFIT CORPORATION ANNUAL REPORT 1000



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DO011	MENT " DOCOO						
1. Corporatio	MENT # P95000	JU17763 (U)					
PRINC	IPAL TITLE & TRUST, INC.				a continănt the câlât arres mâret acou datice a	88(8) (1981) (88)) (88) (8	(1 88 141 1 88)
							ARE (1): 101 100 111 110
Principal Plac	e of Business	Mailing Address			C (BAKIND) JIN INJUK KAKIN OBINI OBINI O	SOIDE HOUSE SANDES SOUND TO	INN 1545 INN 1
28163 U.S. H	₩Y 19 N	28163 U.W. HWY 19 N			Ì		
STE. 305 Clearwater Fl 34621 US		STE. 305 Clearwater Fl. 34621 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
	Place of Business	2a. Mailing Address			4. FEI Number	· · · ·	pplied For
Suite, Apt	# etc	Suite, Apt. #, etc.			59-3300701	. ¢0.75	ot Applicable Additional
22	.,	27			5. Certificate of Status Desired	50 30.73 Fee Re	
City & Stat	le	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	•	8. This corporation owes or has paid to		
24	25 25 9. Name and Address of Curren		30		Personal Property Tax due June 30 10. Name and Address of New Regia	·	_ No
NI	MARCO, ROBERT F	t riogistorou agont	81	Name	10, Hallio and Madiese of How Hegis		
	40 E LAKE ROAD #104		20		GO D. North in No. Accordance		
PALM HARBOR FL 34685			82	Street Add	ress (P.O. Box Number is Not Acceptable)	,	
			83				
			84	City		85 Zip	Code
			["	City		FL S Z P	Dodo
agent. I a	im familiar with, and accept the obligation familiar with and accept the obligation familiar with a posterior ago.	itions of, Section 607.0505, Flo	rida Statutes), 	ation's board of directors. I hereby accept the	DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	IS IN 12
TITLE	D	☐ DEFELE	1.1 TITLE			☐ Change	Addition
NAME	LOSCH, DEBRA	4000 BREADOWATION WAY					
STREET ADDRESS	1308 PRESERVATION WAY OLDSMAR FL		1.3 STAEET	1			
CITY-ST-ZIP TITLE	VP VP	DELETE	1.4 CITY-S 2.1 TITLE	T-ZIP		Change	Addition
NAME	LOSCH, SCOTT		2.1 MILE 2.2 NAME			Onlange	Las Addition
STREET ADDRESS	4000 POFOFOWATION WAY		2.3 STREET	ADDRESS			
CITY-S1-ZIP	OLDSMAR FL		2. 4 CITY-5	1			
TITLE		DELETE	3.1 TITLE			Change	Addition
NAME			32 NAME	1			
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY - 9	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET	4			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-S 5.1 TITLE	I - ZIP		Change	Addition
NAME			5.7 THEE)		Omen-go	
STREET ADDRESS			5 3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	,			
TITLE		DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME	\			
STREET ADDRESS			6 3 STREET	ADDRESS			

CITY-ST-ZIP 14. Thereby 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 arrival 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 recorder or dissee 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 an attachment with an address.

SIGNATURE:

7258888

FILED

Apr 20 1998 8:00am

Secretary of State