

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

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Jan 26, 1999 8:00am
Secretary of State

01-26-1999 90015 049 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P95000021702

1. Corporation Name
ASSURANCE TITLE COMPANY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
14802 N. DALE MABRY HWY.
SUITE 335
TAMPA FL 33618

Mailing Address
14802 N. DALE MABRY HWY.
SUITE 335
TAMPA FL 33618

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified	Applied For
03/16/1995	Not Applicable
4. FEI Number	
59-3303547	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

SANDERS, WALTER S
13910 N DALE MABRY HWY
STE ONE
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 Walter Sanders DATE 1/7/99
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	ROBLES, SHERRI L	1.2 NAME	
STREET ADDRESS	14310 HOMOSASSA ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	ROBLES, KEVIN D	2.2 NAME	
STREET ADDRESS	14310 HOMOSASSA ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	ROBLES, WALTER S	3.2 NAME	
STREET ADDRESS	14310 HOMOSASSA ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	ROBLES, WALTER S	4.2 NAME	
STREET ADDRESS	14310 HOMOSASSA ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	ROBLES, WALTER S	5.2 NAME	
STREET ADDRESS	14310 HOMOSASSA ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	ROBLES, WALTER S	6.2 NAME	
STREET ADDRESS	14310 HOMOSASSA ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613	6.4 CITY-ST-ZIP	

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 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, with all other like empowered

SIGNATURE: SHERRI L. ROBLES DATE: 12/30/98 DAYTIME PHONE #: (813) 264-5999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)