

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 06, 1999 8:00 am
Secretary of State

08-06-1999 90002 045 ***550.00

DOCUMENT # **P95000027978**

1. Corporation Name

FIRST TITLE CORPORATION OF SOUTH FLORIDA INC.

Principal Place of Business

**1475 W. CYPRESS CREEK RD., #201
FT. LAUDERDALE FL 33309**

Mailing Address

**4300 NE 12TH TERRACE
POMPANO BEACH FL 33064**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1995

4. FEI Number

65-0591751

Applied For

Not Applicable

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.

☐ Yes ☒ No

2. Principal Place of Business

21 1451 CYPRESS CREEK RD.

2a. Mailing Address

26 6812 NW 33 TERRACE

Suite, Apt. #, etc.

22 209

Suite, Apt. #, etc.

27

City & State

23 FT. LAUDERDALE, FL.

City & State

28 FT. LAUDERDALE, FL.

Zip

24 33309

Country

25 USA

Zip

29 33309

Country

30 USA

9. Name and Address of Current Registered Agent

**SPEER, ROBERT A
4300 N.E. 12TH TERRACE
POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 6812 NW 33 TERRACE

84 City

FT. LAUDERDALE

FL

85 Zip Code

33309

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SPEER, ROBERT A	
STREET ADDRESS	4300 N.E. 12TH TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SPEER, R A	
STREET ADDRESS	4300 NE 12TH TERRACE	
CITY-ST-ZIP	POMPANO BCH FL 33064	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	6812 NW 33rd TERRACE
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33309
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	6812 NW 33rd TERRACE
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33309
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: **Robert A. Speer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/99

Date

954-776-1135

Daytime Phone #

CR2E034 (5/99)

0027733