

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000040857 (1)

1. Corporation Name

THE SECURITY FIRST TITLE AFFILIATES, INC.

FILED  
Apr 28 1998 8:00am  
Secretary of State



Principal Place of Business		Mailing Address	
1715 N. WESTSHORE BLVD. #150 TAMPA FL 33607		1715 N. WESTSHORE BLVD. #150 TAMPA FL 33607	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
24 Zip	Country	29 Zip	Country
25		30	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	
05/22/1995	
4. FEI Number	
65-0586008	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent	
GREBER, ALAN S. 1715 N. WESTSHORE BLVD. #150 TAMPA FL 33607	
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code
10. Name and Address of New Registered Agent	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<p>TITLE: PD NAME: GREBER, ALAN S. STREET ADDRESS: 1715 N. WESTSHORE BLVD. #150 CITY-ST-ZIP: TAMPA FL 33607</p> <p><input type="checkbox"/> DELETE</p>		<p>1.1 TITLE: Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME: Michael Conway 1.3 STREET ADDRESS: 1715 N. Westshore Blvd., #150 1.4 CITY-ST-ZIP: Tampa, FL 33607</p>
<p>TITLE: D NAME: COFFER, WILLIAM J. STREET ADDRESS: 1715 N. WESTSHORE BLVD. #150 CITY-ST-ZIP: TAMPA FL 33607</p> <p><input checked="" type="checkbox"/> DELETE</p>		<p>2.1 TITLE: Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME: Melvin Bois 2.3 STREET ADDRESS: 1715 N. Westshore Blvd., #150 2.4 CITY-ST-ZIP: Tampa, FL 33607</p>
<p>TITLE: D NAME: GREBER, HOWARD M. STREET ADDRESS: 1715 N. WESTSHORE BLVD. #150 CITY-ST-ZIP: TAMPA FL 33607</p> <p><input type="checkbox"/> DELETE</p>		<p>3.1 TITLE: Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME: Patricia Harris 3.3 STREET ADDRESS: 1715 N. Westshore Blvd., #150 3.4 CITY-ST-ZIP: Tampa, FL 33607</p>
<p>TITLE: D NAME: LESTOKA, JOSEPH STREET ADDRESS: 1715 N. WESTSHORE BLVD. #150 CITY-ST-ZIP: TAMPA FL</p> <p><input checked="" type="checkbox"/> DELETE</p>		<p>4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:</p>
<p>TITLE: DS NAME: BRADLEY, GLENN STREET ADDRESS: 1715 N. WESTSHORE BLVD. #150 CITY-ST-ZIP: TAMPA FL</p> <p><input checked="" type="checkbox"/> DELETE</p>		<p>5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:</p>
<p>TITLE: D NAME: CONNORS, PATRICK STREET ADDRESS: 1715 N. WESTSHORE BLVD. #150 CITY-ST-ZIP: TAMPA FL</p> <p><input checked="" type="checkbox"/> DELETE</p>		<p>6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:</p>

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: *Alan S. Greber* ALAN S. GREBER 3/15/98 813-282-8414

CR2E034 (10/97)