PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000040857

1. Corporation Name
THE SECURITY FIRST TITLE AFFILIATES, INC.

INE SE	ONIT FINOT TILL AFFILI	41E3, INU.		200				
Principal Place	of Business	Mailing Address			100100111015101111			
1715 N. WESTS	HORE BLVD.	1715 N. WESTSHORE BLV	D.					
#150					DO NOT WRITE	F IN THIS	SPACE	
TAMPA FL 33607 TAMPA FL 33607					3. Date incorporated or Qualifed			
					05/22/1995			[
		2a. Mailing Address			4. FEI Number		An	plied For
L ·	ace of Business	⊢ •			65-0586008			Applicable
21 Suite Ant	# ata	Suite, Apt. #, etc.					\$8.75 A	
Suite, Apt.	r, etc.	27		_	5. Certificate of Status Desired		Fee Re	
22 City & State	·	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added t	
Zip	Country	Zip	Cou	untry	8. This corporation owes the current	nt year inte	angible	
24	- 25	29	30		Personal Property Tax.		Yes	□No
	9. Name and Address of Current				10. Name and Address of New Re	gistered a	Agent	
	•			81 Name				
GREBER, ALAN S.				82 Street Add	Iress (P.O. Box Number is Not Acceptab	de)		
1715 N. WESTSHORE BLVD.				0000.7.		.,		
# 150				83				
l tam	PA FL 33607			-			85 Zip C	ode -
				84 City		FI	103 240	
11. Pursuant office or n agent. I a					poration submits this statement for the p ion's board of directors. I hereby accept		changing its nument as reg	registered pistered
	to the provisions of Sections 607.0502 agistered agent, or both, in the State or familiar with, and accept the obligation of the obligation of the control o	and title if applicable. (NOTE)	Registered	Agent signature require		DATE	D DIRECTO	
11. Pursuant office or n agent. I a	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered	Agent signature require	ad when reinstating)	DATE		
11. Pursuant office or r agent. I at SIGNATURE 12.	Signature, typed or protect name of registered agent OFFICERS AND PD GREBER, ALAN S.	and Use II applicable. (NOTE D DIRECTORS DELETE	13. 1.1 Ti 1.2 N	Agent eigneture require	ad when reinstating)	DATE	D DIRECTO	
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP '

FILED Apr 22, 1999 8:00 am Secretary of State 04-22-1999 90186 044 ***158.75