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

0401664

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 MAR 11 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000088203**

1. Corporation Name
SOUTH SHORE TITLE & ABSTRACT, INC.

Principal Place of Business	Mailing Address
15100 HUTCHISON RD TAMPA FL 33625 US	15100 HUTCHISON RD TAMPA FL 33625 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/16/1995

4. FEI Number
59-3363212 [ ] 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. Does corporation owe Pers. Property Tax [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 3837 Northdale Blvd.	26 3837 Northdale Blvd.
Suite, Apt. #, etc 22 Suite # 266	Suite, Apt. #, etc 27 Suite # 266
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip 24 33624 Country 25 USA	Zip 29 33624 Country 30 USA

9. Name and Address of Current Registered Agent

COHN, HOWARD R
9635B BOCA GARDEN CIR N
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name: Steven A. Cohn
82 Street Address (P.O. Box Number is Not Acceptable): 3330 Cheviot Drive
83
84 City: Tampa FL 85 Zip Code: 33618

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 X _____ 2/28/99
Signature, typed or printed name of registered agent and title if applicable — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	BROWER, COREY G		12 NAME	
STREET ADDRESS	3332 WESTMORELAND DR.		13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618		14 CITY-ST-ZIP	
TITLE	DST	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	COHN, STEVEN A		22 NAME	
STREET ADDRESS	3330 CHEVIOT DR		23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618		24 CITY-ST-ZIP	
TITLE		[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

000001281258B- - B
-03/13/99--01105--022
****150.00 ****150.00

CR2E034 (11/98)

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: X _____ 2/24/99 (813)963-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Phone #