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

PROFIT FLORIDA DEPARTMENT OF STATE						FILED			
JANNUAZ R	EPORT (			. Mortham y of State			14 O OE		
199	7	D	·	ORPORATIONS		97 007 -7	WU 2. 90		
DOCUMENT # P960000 26848						cacamilia	CF CIDE		
1. Corporation Name						SECHUEIAN TAILLAHASS	ie, floridi		
FOOT TITLE LOGINS INC.									
Principal Place of Business  4604 49th S+N  Mailing Address  Shms									
						li .			
St Petersules 71 33709						3. Date Incorporated or Qualified	3a. Date of t	ast Report	
						3-21-96	01-	24-97	
2. Principal Place of 8	<del>                                     </del>	2a. Mailing Address			4. FEI Number		Applied For		
Suite, Apt. #, etc		Suite, Apt. #, etc			59-33703/1	- \$8 - \$8	Not Applicable 75 Additional		
22	27	27			5. Certificate of Status Desired	1 1 ' '	ee Required		
City & State	— ·	City & State			<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>		5.00 May Be		
Zip	Country	28 Zip		Country		8. This corporation has liability for	_=	dded to Fees oder s. 199.032.	
24	25	29		30		Florida Statutes	Yes No		
MB Hall	ame and Address of Cu	rrent Registered Age	nt	81 Name		10. Name and Address of New Re	gistered Agent		
4604 49 th 5t No. 82 Street Address (P.O. Box Number is Not Acceptable)									
4604 44	m St N								
St Peter	stons 71	2# 22	200	83					
	20.7	<b>2</b> 25	109	84 City			FL 85	Zip Code	
11. Pursuant to the pr	ovisions of Sections 607.	0502 and 607,1508, Fitate of Florida, Such o	lorida Statute	s, the above-named	corpor	ation submits this statement for the parties acce	ourpose of chang	ging its registered	
agent. I am familia	ar with, and accept the o	bligations of, Section (	607.0505, Floi	rida Statutes.		To be an entered of the body deco	or the appointme	THE GO TO GIBLOTO	
SIGNATURE SIGNATURE	typed or printed name of registere	d agent ærd tife if applicabie	(NO1E	Flog stered Agent signature	required	when reinstaling)	DATE		
12.	OFFICERS	AND DIRECTORS	DELETE	13. 1.1 TillE	7.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRE	CTORS IN 12	
NAME		_	] Prefer	1.2 NAME		choel Bruce Hall	123 011	4	
STREET ADDRESS				1.3 STREET ADDRESS	460	4 49 B STN	3	اقاً	
CITY-ST-ZIP TrILE			DELETE	1.4 City-St-ZiP 2.1 Title	S	Peterslung Pl	33 <i>709</i>	CTORS IN 12 ange Addition 66 480 Addition 70 Addition 80	
NAME		_	_ preside	2.2 NAME	Fa	en Schultz	<b>~</b> □ "	ango es yidanton e	
STREET ADDRESS				2.3 STHEET ADDRESS	460	4 49M S+ N	_	}	
CiTY-ST-ZIP		<del>_</del>	DELETE	2 4 CHY-ST-2IP	<u>S+</u>	Heterology 71	33705	ange Addition	
TITLE		<b>L</b>	) perrie	3.2 NAME		MASY G. TURINO	(A)	ange Las Audition	
STREET ADDRESS				3.3 STREET ADDRESS	46	of 49th St N		Į	
CITY-ST-ZIP			DELETE	3.4. CITY - ST - ZIP	5+	Petersburg 71 5	3709	ange Addition	
TITLE NAME		L	] Dittit	4.1 TITLE 4. 2 NAME	ı	Mr. C		1	
STREET ADDRESS				43 STREET ADDRESS		900002 -10/07 *****	31352 7970101	25-012  2012	
C/TY - ST - ZIP			Lector	4.4 City-St-ZiP			61 <del>.25*</del> *	***61.25	
TITLE NAME		<u>L</u>	] DELÉTE	5 1 TITLE 5.2 NAME			[] Un	ange T_1 Addition	
STREET ADDRESS				5.3 STREET ADDRESS					
CITY-ST-ZIP				5.4 C(TY+S1+Z)P					
TITLE			DELETE	6.1 T/TLE			Ch.	ange Addition	
NAME STREET ADDRESS				62 NAME 63 STREET ADDRESS			,	56,0,1	
CITY-ST-ZIP				G 4 CITY-S1-ZIP					
information indical	led on this annual report.	or supplemental annu	al report is tru	ie and accurate and	that m	n Section 119.07(3)(i), Florida Statute y signature shall have the same lega	I effect as if mad	te under oath; that	
I am an officer or	director of the corporation 12 or Block 13 if changed	n or the receiver or tru	stec_enipowe	red to execute this r	eport a	is required by Chapter 607, Florida S	Statules; and that	ту пате	
SIGNATURE: SIGNATURE AND THE OR PRINTED NAME OF FICER OR DIRECTOR Date Dog Printed Name of SIGNING OFFICER OR DIRECTOR Date Dog Printed Name of SIGNING OFFICER OR DIRECTOR									
SIGNATURE	SIGNATURE AND TWE	D OR PRINTED NAME OF BIC	NING OFFICER	OH DIRECTOR		Date	Darphine Ph	700-0136	