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

PROFIT CORPORATION **ANNUAL REPORT**

1998

NAME

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000038153 (8)

ORLANDO TITLE GROUP, INC.

		A 17 . A 15				0 31004 10101 1100	
Principal Place of Business Mailing Address							
564 NORTH S ORLANDO FL	564 NORTH SEMORAN ORLANDO FL 32807	BLVD.					
ONDANDO PL	32001	CHEMINO TE SECOT			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					05/02/1996		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For	
21		26			59-3378486	Not Applicable	
Suite, Apt. #, etc. 22 City & State 23		Suite, Apt. #, etc. 27 City & State 28			5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	\$8.75 Additional	
						<u> </u>	
Zip	Country	7(p	Cour	itry	8. This corporation owes or has paid the		
24	25	29	30		Personal Property Tax due June 30. Yes LYNo		
=-1	g. Name and Address of Curre	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			10. Name and Address of New Registe	red Agent	
CARPENTER, HENRY N				B1 Name			
564 NORTH SEMORAN BLVD. ORLANDO FL 32807				B2 Street Add	Address (P.O. Box Number is Not Acceptable)		
				B3			
			-	84 City		85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authoric agent. I am familia, with, and accept the obligations of, Section 607.0505, Florida S						FL 85 240 COUG	
SIGNATURE	Signature April or Dinted name of ing stored in OFFICE RS AI	B. CARPENTEA gent and title if applicable (NO ND DIRECTORS	OTF Registered	Agent's geature requ	uired when reinstating) DA ADDITIONS/CHANGES TO OFFICERS		
TITLE	PTSD	DELETE	1.1 111	.F		Change Addition	
NAME	CARPENTER, HENRY B		1.2 NA	VAE			
STREET ADDRESS	564 NORTH SEMORAN BLVI	D.	1.3 STF	EE1 ADDRESS			
CHY-ST-ZIP	ORLANDO FL 32807	· · · · · · · · · · · · · · · · · · ·		Y-S1-ZIP			
TITLE	VD DELETE		21117			Change Addition	
NAME	STACHURSKI, ALMA	•	2 2 NA				
STREET ADDRESS	564 NORTH SEMORAN BLVI	υ.		EET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32807		2. 4 Cf	Y-SI-ZIP		Change Addition	
TITLE NAME		berete	3.2 NA	1			
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				Y-\$I-ZIP			
TITLE		DELETE	4.1 TIT			Change Addition	
NAME			4. 2 N/	ME			
STREE1 ADDRESS			4.3 STI	REET ADDRESS			
CITY-ST-ZIP		<u>.</u>	4.4 CIT	Y - S1 - ZIP			
TITLE		☐ DELFTE	5.1 TIT	lE [Change Addition	
NAME			5.2 NA	NE			
STREET ADDRESS				RELT ADDRESS			
CITY-ST-ZIP		T NECES		Y-ST-ZIP		Change Addition	
TITLE		DELETE	6.1 T(1	.F		Change Addition	

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.

6.3 STREET ADDRESS

6.2 NAME

FILED

Jan 20 1998 8:00am

Secretary of State