

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90037 018 \*\*\*150.00

DOCUMENT # P96000060814

1. Corporation Name

BIG BUCKS FOR TITLES, INC.



Principal Place of Business

Mailing Address

423 W. LANCASTER ROAD  
ORLANDO FL 32809

423 W. LANCASTER ROAD  
ORLANDO FL 32809

*New Address*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1996

2. Principal Place of Business

2a. Mailing Address

21 5105 So. Orange

26 5105 So. Orange

4. FEI Number

59-3390405

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22 City & State

23 Orlando Fla.

27 City & State

28 Orlando Fla.

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 Zip

25 Country

24 32809

29 Zip

29 32809

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEICHES, DREW  
423 W. LANCASTER ROAD  
ORLANDO FL 32809

*New Address*

81 Name

Drew Deiches

82 Street Address (P.O. Box Number is Not Acceptable)

5105 So. Orange Ave

83

84 City

Orlando Fla.

FL

85 Zip Code

32809

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]*

2-4-99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DST  
NAME DEICHES, PATRICIA  
STREET ADDRESS 34 SILVER FALLS CIRCLE  
CITY-ST-ZIP KISSIMMEE FL 34745

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Change Addition

TITLE DVP  
NAME BELLANCA, KATHY  
STREET ADDRESS 1125 GALESWORTHY AVE.  
CITY-ST-ZIP ORLANDO FL 32809

DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change Addition

TITLE PD  
NAME DEICHES, DREW  
STREET ADDRESS 34 SILVER FALLS CIRCLE  
CITY-ST-ZIP KISSIMMEE FL 34745

DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/99

Date

407-299-9340

Daytime Phone #

CR2E034 (11/98)