

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
Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90017 028 ***150.00

DOCUMENT # P96000067412

1. Corporation Name

ALLIANCE TITLE OF AMERICA, INC.



Principal Place of Business

2502 ROCKY POINT DR
180
TAMPA FL 33607
US

Mailing Address

2502 ROCKY POINT DR
180
TAMPA FL 33607
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1996

4. FEI Number

65-0685696

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. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CAREVICH, GARY S
2502 ROCKY POINT DR
180
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name

Same

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

2502 Rocky Point DR.

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DOT <input type="checkbox"/> DELETE	1.1 TITLE	DO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAREVICH, GARY	1.2 NAME	THOMAS, Kevin D
STREET ADDRESS	2987 WILDERNESS BOULEVARD, EAST	1.3 STREET ADDRESS	536 LAKE COMO Circle
CITY-ST-ZIP	PARRISH FL 34219	1.4 CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	DOS <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDRICKSON, ROBERT W III	2.2 NAME	STENSON, Thomas F
STREET ADDRESS	5907 FLOTILLA DRIVE	2.3 STREET ADDRESS	5195 N.W. 80th Ave.
CITY-ST-ZIP	HOLMES BEACH FL 34217	2.4 CITY-ST-ZIP	OCALA, FL 34482
TITLE	DO <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCKINLAY, RICHARD S	3.2 NAME	BATSEL, Charles G.
STREET ADDRESS	6410 GRIFFIN BOULEVARD	3.3 STREET ADDRESS	16150 Sunset Pines Circle
CITY-ST-ZIP	FORT MYERS FL 33908	3.4 CITY-ST-ZIP	POCA GRAND, FL 33921
TITLE	DO <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONSON, G. DALE	4.2 NAME	Hickman, Harold E
STREET ADDRESS	3010 WILDERNESS BOULEVARD, WEST	4.3 STREET ADDRESS	1614 ALTOONA WAY
CITY-ST-ZIP	PARRISH FL 34219	4.4 CITY-ST-ZIP	BRANDON, FL 33646
TITLE	DO <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUFFINO, MICHAEL R	5.2 NAME	MILLER, Susan L.
STREET ADDRESS	11822 OAK RIDGE DRIVE	5.3 STREET ADDRESS	1348 BRANCH Hill Court
CITY-ST-ZIP	PARRISH FL 34219	5.4 CITY-ST-ZIP	APOPKA, FL 32712
TITLE	DOP <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLAVIN, BARRY	6.2 NAME	GLASS, Michael R.
STREET ADDRESS	2502 ROCKY POINT DR, 180	6.3 STREET ADDRESS	18190 ISLAND DR. S.E
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	TEQUESTA, FL 33469

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

Carevich

Date

Daytime Phone #

4-1-99 813-282-8556

CR2E034 (1/1/98)