## 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

## DOCUMENT # P96000069123

1. Corporation Name

HERITAGE TITLE SERVICES, INC.

Principal Place of	Business
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## Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90067 047 \*\*\*150.00



Principal Place of Business	Mailing Address						
651-A ASHLEY PARK CT. SUITE 402 DRLANDO FL 32835	7651-A ASHLEY PARK CT. SUITE 402 ORLANDO FL 32835		DO NOT WRITE IN THIS SPACE				
			3. Date Incorporated or Qualifed 08/16/1996				
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For			
1	26		59-3394945	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5 Cortifects of Status Decired	_ \$8.75 Additional			
City & State	City & State	÷	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip Country	Zip C	ountry	8. This corporation owes the current year Intangible Personal Property Tax.				
9. Name and Address of Curre			10. Name and Address of New Registered Agent				
NORRIS, RICHARD W 7651-A ASHLEY PARK CT, SUITE 402		81 Name					
		82 Street Ad	Address (P.O. Box Number is Not Acceptable)				
ORLANDO FL 32835		83					
		84 City	FL 85	Zip Code			
office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig	e of Florida. Such change was authoriz	ed by the corpora	rporation submits this statement for the purpose of chang tion's board of directors. I hereby accept the appointment	ing its registered as registered			
CICNATURE							

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating)  DATE									
12. OFFICERS AND DIRECTORS 13.									
TITLE	PD .	DELETE	1.1 TITLE	Director			Change	☐ Addition	
NAME	NORRIS, RICHARD W		1.2 NAME	Norris, Ric 7651-A Ash	hard	$\omega_{i}$	<:40	21/2 2	
STREET ADDRESS	7651-A ASHLEY PARK CT, SUITE 402						Jan		
CITY-ST-ZIP	ORLANDO FL 32835		1.4 CITY-ST-ZIP	Orlando President	FL	32835			
TITLE		DELETE	2.1 TITLE	President			☐ Change	Addition	
NAME		1	2.2 NAME	Norris, D 7651-A Ash	onna :	3.	<+~	400	
STREET ADDRESS			2,3 STREET ADDRESS	7651-A ASh	hey ha	re Court	,	ير ب	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	Orlando,	<u>FL</u>	32835	• _ <u></u>		
TITLE		DELETE	3.1 TITLE	· .			☐ Change	Addition	
NAME	•		3.2 NAME	• • • • •					
STREET ADDRESS			3.3 STREET ADDRESS						
CITY-ST-ZIP			3.4. CITY-ST-ZIP					TALES -	
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition i	
NAME			4, 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP		_			FT A APPLA	
TILE	term of the second	DELETE .	5.1 TTLE				Change	☐ Addition	
NAME			5.2 NAME					ł	
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY+ST+ZIP				C3 Channa	Addition	
TITLE	į	DELETE	6.1 TITLE				Change		
NAME			6.2 NAME					Į	
STREET ADDRESS			6.3 STREET ADDRESS					,	
CITY+ST-ZIP			6.4 CITY-ST-ZIP	11-0					

14. Thereby 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 true-true 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: