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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 11 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000073414 (0)

FLORIDA TITLE SERVICES, INC.

Principal Place	e of Business	Mailing Address					
2605 ENTERPRISE RD E #150 CLEARWATER FL 34619		2805 ENTERPRISE RD E #150 CLEARWATER FL 34619-1030			*'		
					3. Date Incorporated or Qualified 08/30/1996	3a. Date of Last Report	
2. Principal P.	ace of Business	2a. Mailing Address			4. FEI Number	Applied Fo	or
21		26			59-3396965	Not Applic	
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23	1 0	28	T		Trust Fund Contribution	Added to Fees	
Zip	Country Zip Country		ry	8, This corporation has liability for intangible tax under s. 199.032, Florida Statutes S&No			
24	25] g. Name and Address of Curre	29 at Registered Agent	30		Florida Statutes L.J.  10. Name and Address of New Reg		
DALI		III uadioreian udair		1 Name	(b) traine the Addiese of New Ind.	stated ulastr	
	IMGART, WILLIAM 5 ENTERPRISE RD E #150						
	ARWATER FL 34619		8	2 Street Addr	ress (P.O. Box Number is Not Acceptable	<b>)</b>	
ULE	ARMAIER FL 34018		a	3		<u></u>	
				1			
			8	4 City		FL 85 Zip Code	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change was a pations of, Section 607.0505, Florida.	authorized orida Statul	by the corporal es.	poration submits this statement for the pution's board of directors. I hereby accept	the appointment as register	tered red
<u></u>	Signature, typed or printed name of registered ag			gent signature requi	red when reinstating)	DATE	
12. TITLE	OFFICERS AN	ID DIRECTORS  DELETE	13. 1.1 TITU		ADDITIONS/CHANGES TO OFFICE	Change Ad	
		L_3 beccie	1.2 NAM	"   _2	lice-frestdent Can Gorman	La change 23 Po	Danion
NAME				· 17	6161 Craigend Pl		
STREET ADDRESS				ET ADDRESS	desse 174 33556		
CITY-ST-ZIP TITLE		DELETE	2.1 TITL	-ST-ZIP	lice - Presiden	Change Ad	ddition
NAME.		L_J occur	2.2 NAM	. i - 3	tames C. Sketch		<b>G</b> union,
!				ET ADDRESS	605 Enterprise Rd E	#150	
STREET ADDRESS				(-ST-ZIP	decruser ft 3355	7	
CHY-ST-ZIP TITLE		☐ DELETE	3.1 TITL		1661 MATEL , J C 3333		ddition
NAME			3.7 NAM	1			•
STREET ADDRESS			1	EET ADDRESS			
EITY-ST-ZIP				Y-ST-ZIP			
TITLE		DELETE	4.1 TITL			☐ Change ☐ Ad	Addition
NAME			4. 2 NA			· · ·	
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP		•		-ST-ZIP			
TITLE		DELETE	5.1 TITL			☐ Change ☐ Ad	ddition
NAME		—	5.2 NAN	·		<del></del>	
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP			1	-ST-ZIP			
TiTLE		DELETE	6.1 THTL			☐ Change ☐ Ad	ddition
NAME			6.2 NAN	1.			
STREET ADDRESS			1	EET ADDRESS			
CITY-ST-ZIP				-ST-ZIP			
14. I do here	by certify that the information supplie	ed with this filing does not qual	ify for the e	xemption state	d in Section 119.07(3)(i), Florida Statutes	. I further certify that the	
I am an c	on indicated on this annual report or officer or director of the corporation of in Block 12 or Block 12 if changed, i	or the receiver or trustee empov	wered to ex	curate and tha ecute this repo	it my signature shall have the same legal ort as required by Chapter 607, Florida St	effect as if made under oath atutes; and that my name	th; that