**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000098248**

1. Corporation Name

TO TITAN CORPORATION

rincipal Place of Business	Mailing Address
136 N.W. 55TH AVENUE ARGATE FL 33063	2036 N.W. 55TH AVENUE MARGATE FL 33063
'	2a. Mailing Address
i '	2a. Mailing Address  26  Suite, Apt. #, etc.
Suite, Apt. #, etc.	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite, Apt. #, etc.  City & State	26 Suite, Apt. #, etc. 27 City & State 28
Suite, Apt. #, etc.	26 Suite, Apt. #, etc. 27 City & State

## FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90022 023 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

X

Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

Trust Fund Contribution

6, Election Campaign Financing

12/02/1996 4. FEI Number

65-0713659

Zip	Country	Zip		Country		8. This corpor	ration owes the cur	rent year Inta		_			
24	25	29	30				roperty Tax.		Yes	!	□No		
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent							
				81	Name	)					1		
davis, steven e					82 Street Address (P.O. Box Number is Not Acceptable)								
2036 N W 55TH AVENUE					Olicci	. Madross (1 .O. Box He		,					
MARGATE FL 33063													
					0.0				loc l	Zip Č			
				84	City			FL	85	Zip C	ode		
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 a	nd title if applicable	(NOTE: Red	istered Ager	t sionature	required when reinstating)		DATE			— i		
12.	OFFICERS AND		(11012)1109	13.			CHANGES TO O	FICERS AN	D DIRE	CTOF	R\$ IN 12		
TITLE	PD		DELETE	1.1 TITLE		1			Cha	ange	Addition		
NAME	FAUVER, JERRY			1.2 NAME									
STREET ADDRESS	2036 N W 55TH AVENUE		1	1.3 STREET	ADDRESS	3							
CITY-ST-ZIP	MARGATE FL 33063			14 CITY-S	r-zip								
TITLE	VD		DELETE	2.1 TITLE					Cha	ange	☐ Addition		
NAME	DAVIS. STEVEN E.			2.2 NAME							j		
STREET ADDRESS	2036 N W 55TH AVENUE			2.3 STREET	ADDRESS	s					ĺ		
CITY-ST-ZIP	MARGATE FL 33063			2.4 CITY-S	T-71P								
TITLE	IM TO THE TE GOOD		DELETE	3.1 TITLE					Cha	ange .	Addition		
NAME				3.2 NAME									
STREET ADDRESS				3.3 STREE	ADDRESS	š							
CITY-ST-ZIP				3.4. CITY S	T-ZIP								
TITLE			DELETE	4.1 TITLE	-				Ch	ange	☐ Addition		
NAME				4, 2 NAME									
STREET ADDRESS				4.3 STREE	ADDRESS	s							
CITY-ST-ZIP				4.4 CITY-S	r-ZIP		_						
TITLE			DELETE	5.1 TITLE					☐ Ch	ange	Addition		
NAME				5.2 NAME									
STREET ADDRESS				5.3 STREE	ADDRESS	3							
CITY-ST-ZIP				54 CITY-S	T-ZIP						:		
TITLE			DELETE	6.1 TITLE					☐ Ch	ange	Addition		
NAME				6.2 NAME									
STREET ADDRESS				6.3 STREE	ADDRESS	s					j		
CITY-ST-ZIP				6.4 CITY-S									
14. I hereby	I certify that the information supplied with	this filing does not	qualify for the	e exempt	on state	ed in Section 119.07(3)(	(i), Florida Statutes	I further cer	ify that	the in	formation		

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am are 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 chapter, or on an attachment with an address, with all other like empowered.