## 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 # **P97000018147** 1. Corporation Name

CENTURY TITLE CORP.

Principal Place of Business 101925 OVERSEAS HIGHWAY

KEY LARGO FL 33037

Mailing Address

101925 OVERSEAS HIGHWAY KEY LARGO FL 33037

## **FILED** Feb 05, 1999 8:00am **Secretary of State**

02-05-1999 90011 021 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

					;	3. Date Incorporated or Qualifed 02/26/1997		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	T A	pplied For
						65-0740853	<u> </u>	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					1	5. Certificate of Status Desired	\$8.75	Additional
22						6. Election Campaign Financing		
23 28						Trust Fund Contribution Added to Fees		
Zip 24	Country Zip Cour 25 29 30			try	1	<ol><li>This corporation owes the current y Personal Property Tax.</li></ol>	rear Intangible	□No
			10. Name and Address of New Registered Agent					
AND CUDICTORIED II				81 Name				
DAVID, CHRISTOPHER M				82 Street Address (P.O. Box Number is Not Acceptable)				
1428 BRICKELL AVENUE				Substitution (1.5. Box values) to the value of the value				
8TH FLOOR MIAMI FL 33131				83				<b>随意</b>
WIII	41 1 L 50 10 1			B4 City	-			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	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: F	Registered A	gent signature req	quired whe	en reinstating)	DATE .	
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE		
TITLE	P	DELETE 1.11		E			☐ Change	Addition
NAME	NYMAN, SCOTT		1.2 NAM	IE			ا	
STREET ADDRESS	SS 1024 DOVE RD 1.35		1.3 STF	EET ADDRESS				
CITY-ST-ZIP	KEY LARGO FL 33037		1.4 CIT	1.4 CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	
TITLE	CEO □ DELETE 2.1 TR		2.1 TITL	E			☐ Change	Addition
NAME	MYNAM, GEORGE		2.2 NAME					
STREET ADDRESS	CO TARRON		2.3 STREET ADDRESS					
CITY-ST-ZIP	WENT LINES ST. ARROW			Y-ST-ZIP		A contract of the contract of		•
TITLE .			3,1 TITI				☐ Change	☐ Addition
NAME			3.2 NAM	(F			•	
				EET ADDRESS		ادر المراجع ا		. 200 . 400 . 15 #
STREET ADDRESS	10 a 1			Y-ST-ZIP				
CITY-ST-ZIP	-	☐ DELETE	4.1 TITU				/ Change	✓ ☐ Addition
NAME .		_ 5	4. 2 NA			•		-
STREET ADDRESS	. *			EET ADORESS			. •	. ; .
CITY-ST-ZIP			4.4 CIT	r-ST-ZIP				
TITLE		☐ DELETE	5.1 TIT				. Change	☐ Addition
NAME			5.2 NAJ	KE				,
STREET ADDRESS			5.3 STF	EET ADDRESS			į	
CITY-ST-ZIP	<b>1</b> .		5.4 CIT	r-ST-ZIP			•	
TITLE		☐ DELETE	6.1 TITL	E			☐ Change	☐ Addition
NAME			6.2 NAJ	ME .				
STREET ADDRESS	,		6.3 STF	EET ADORESS				*
CITY-ST-ZIP				/- ST-ZIP				
14. I hereby	certify that the information supplied w	ith this filing does not qualify for t	the exen	ption stated i	in Secti	ion 119.07(3)(i), Florida Statutes. I fun	her 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: