SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000050781 (8)

FIRST FLORIDA TITLE GROUP, INC.

Principal Place of Business 1104 N COLLIER BLVD MARCO ISLAND FL 34145 Mailing Address

1104 N COLLIER BLVD MARCO ISLAND FL 34145 FILED Jul 16 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

							5. Date incorporated of Qualified	
9 Delmainal D	loop of Duck		20 Moil	ino Addroso			06/09/1997 4. FEI Number	1 14-0-4 5
2. Principal Place of Business			<u></u> -¬	2a. Mailing Address			59 - 3502267	Applied For Not Applicable
Sulte, Apt. #, etc.				Suite, Apt. #, etc.			\$8.75 Additional	
22			<u></u> ⊢—	27			5. Certificate of Status Desired	Fee Required
City & Stat	e			City & State			6. Election Campaign Financing	\$5.00 May Be
23	•		28	······································			Trust Fund Contribution	Added to Fees
Zip Country			Zip	······································		,	8. This corporation owes or has paid the current year Intangible	
24		25	29		30		Personal Property Tax due June 30. Yes X No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
GREUSEL, JAMIE B						81 Name		
1104 N COLLIER BLVD					92	62 Street Address (P.O. Box Number Is Not Accentable)		
MARCO ISLAND FL 34145						82 Street Address (P.O. Box Number Is Not Acceptable)		
MARIOU ISLAND I C 07170					83	83		
						0"		
					84	City	FI.	85 Zip Code
office or	registered as	sions of sections 607.0 gent, or both, in the Sta vith, and accept the ob	ite of Florida. St	uch change was a	authorized by	the corpora	poration submits this statement for the purpose of cha ation's board of directors. I hereby accept the appoint	nging its registered ment as registered
SIGNATURE	Stonetime lyned	or printed name of registered a	nent and little if applica	able (NC	OTF: Registered A	loent sionature r	required when reinstating} DATE	
12.			AND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D			DELETE	1.1 TITLE			Change Addition
NAME	GREUSEL, JAMIE B				1.2 NAME		_	
STREET ADDRESS	and the second second				1.3 STREET	ADDRESS		
CITY-ST-ZIP		SLAND FL 34145			1.4 CITY-S			
TITLE	HINGIOO I	ODAID I COTITO		DELETE	21 TITLE			Change Addition
NAME				L DECE IL	2.2 NAME		_	_ Change radian
STREET ADDRESS					2.3 STREET	ADDRESS		
CITY-ST-ZIP					2.4 CITY-S			
TITLE				DELETE	3 1 TITLE	-		Change Addition
NAME				L	3.2 NAME		_	_ Change C_ Accuse
STREET ADDRESS					3 3 STREE	TADDRESS		
CITY-ST-ZIP					3.4 CITY-S			
TITLE				DELETE	4.1 TITLE			Change Addition
NAME	:			C DECEIL	4.2 NAME		<u> </u>	
STREET ADDRESS	1					T ADDRESS		
CITY-ST-ZIP					4.4 CITY-S			
TITLE	 -			DELETE	5.1 TITLE			Change Addition
NAME				L_I DELETE	5.2 NAME		6000025919	
STREET ADDRESS					5.9 STREET	TADDRESS	-07/17/98010680	28
					5.4 CITY-S		***400.00	
CITY-ST-ZIP TITLE				DELETE	6.1 TITLE	1 - <u>L</u> II		Change Addition
NAME				[] DELETE	6.2 NAME		6000025919	
STREET ADDRESS						TADDRESS	-07/17/98010680	27 Y
					6.4 CITY-S		***150.00	
CITY-ST-ZIP	l				D.4 CITT-5	1-21-	The state of the s	

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 chapted, or on an attachment with an address.