

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

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90124 017 \*\*\*150.00

DOCUMENT # P97000057777

1. Corporation Name  
ABLE TITLE COMPANY

Principal Place of Business  
332 US 41 BYPASS SO.  
VENICE FL 34292

Mailing Address  
332 US 41 BYPASS SO.  
VENICE FL 34292



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/30/1997

4. FEI Number  
65-0783578

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ACCORDI, THOMAS G  
3139 CHESTNUT RD  
VENICE FL 34293

81 Name DARLENE KOWALCZYK  
82 Street Address (P.O. Box Number is Not Acceptable) 2740 SIESTA DR.  
83  
84 City VENICE FL 85 Zip Code 34293

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

*Darlene Kowalczyk*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ACCORDI, THOMAS G	
STREET ADDRESS	3139 CHESTNUT RD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NARGI, LOUIS T	
STREET ADDRESS	1329 PINEBROOK WAY	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ACCORDI, CHRISTINE	
STREET ADDRESS	3139 CHESTNUT RD	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KOWALCZYK, JOSEPH	
STREET ADDRESS	2740 SIESTA DRIVE	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KOWALCZYK, DARLENE	
STREET ADDRESS	2740 SIESTA DRIVE	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NARGI, CAROL R	
STREET ADDRESS	1329 PINEBROOK WAY	
CITY-ST-ZIP	VENICE FL 34292	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Darlene Kowalczyk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/99

Date

941-4885641

Daytime Phone #

CR2E034 (11/98)

0480477