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FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000059635 (7)

1. Corporation Name

SOUTHWIND TITLE & TAXES, INC.



Principal Place of Business

Mailing Address

4943 CALAIS DRIVE
HOLIDAY FL 34690-5809

4943 CALAIS DRIVE
HOLIDAY FL 34690-5809

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 40192 US 19

Suite, Apt. #, etc.

22

City & State

23 Tarpon Springs, FL

Zip

24 34689

Country

25 Pinellas

2a. Mailing Address

26 40192 US 19

Suite, Apt. #, etc.

27

City & State

28 Tarpon Springs, FL

Zip

29 34689

Country

30 Pinellas

3. Date Incorporated or Qualified

07/09/1997

4. FEI Number

59-3459184

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip 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 typed in printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/27/98

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME CASATELLI, ALEXANDER M
STREET ADDRESS 4943 CALAIS DRIVE
CITY-ST-ZIP HOLIDAY FL 34690-5809

TITLE VD ☒ DELETE

NAME CASATELLI, CHERYL A
STREET ADDRESS 4943 CALAIS DRIVE
CITY-ST-ZIP HOLIDAY FL 34690-5809

TITLE TD ☐ DELETE

NAME CASATELLI, MARY L
STREET ADDRESS 4943 CALAIS DRIVE
CITY-ST-ZIP HOLIDAY FL 34690-5809

New Address

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Secretary/Director

☐ Change

☒ Addition

1.2 NAME

Casatelli, Alexander E

1.3 STREET ADDRESS

42085 US 19, #81

1.4 CITY-ST-ZIP

Tarpon Springs, FL 34689

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

TD

☒ Change

☐ Addition

3.2 NAME

Casatelli, Mary L.

3.3 STREET ADDRESS

42085 US 19, #81

3.4 CITY-ST-ZIP

Tarpon Springs, FL 34689

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ 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.

CR2E034 (10/97)