FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

.PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

-CYPRESS STREET TITLE, INC. Alday- Ponalson Title Agencies

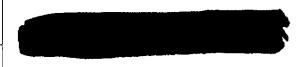
Principal Place of Business

3401 W. CYPRESS ST., STE. 202

Mading Addross

3401 W. CYPRESS St., STE, 202

May 27 1998 8:00am Secretary of State



TAMPA FL 33607		TAMPA FL 33807		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	W.L.
- 5	N	n = 1,12,		07/31/1997	***
2. Principal P	Place of Business D_Noland Pr	26. Mailing Address 26. 311 D. No.	مرا الم	4. FEI Number 59-347461	Applied For
Suite, Apt		Suite, Apl. #, etc.	und or		
22 Bra	ndon Fl	27 Brando	n Fl	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le /	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	[28] Z _{ID}	Country	Trust Fund Contribution 8. This corporation owes or has paid to	Added to Fees
24 335	11 25 11 5	1:1 ^^~ + 1:1 }	Hills	Personal Property Tax due June 30	. ' '
	9, Name and Address of Current			10. Name and Address of New Regis	
HIC	KMAN, HAROLD		81 Name 1	1 sth. M R.	
	O1 W. CYPRESS ST., STE. 202		82 Street Add	ress (P.O. Box Number is Not Acceptable)	ner
TAI	MPA FL 33607		3111	D Noland Dr.	
			63	_	
			B4 City		FL 85 Zip Code
dd Discount	41. 41. Control of the control of th	LOGITACOD EL CL. Des L	<u> 15r</u>	andon	
office or r	registered agent, or both, in the State c	and 607.1508, Florida Statutes If Florida, Such change was au	i, the above-named corp thorized by the corporal	poration submits this statement for the purp tion's board of directors. I hereby accept the	ose of changing its registered le appointment as registered
	im familiar with, and accept the obligat	ions of, Section 607.0505, Flori	da Statutes.		
SIGNATURE	Supplied by the supplied to the supplied by th	Cittle James da (NOII I	Registeren Agent signature requi		1-27-98
12.	OFFICERS ANA		13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	President	DELETE	1.1 TOLE		Change Addition
NAME	Kathy M. Bun	a Ner	1.2 NAME		ļ
STREET ADDRESS	Kathy M. Bun 311 D Woland Dr		1.3 STREET ADDRESS		
CITY-ST-ZIP	Brandon, Fl	33511	1.4 CITY - ST - ZIP		
TITLE	Vi President	☐ DELETE	2 1 1171.6	• •	Change Addition
NAME	Leslie # Lam	bert	2.2 NAME		
STREET ADDRESS	Brandon, Fl	^ ~~~~!!	2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	Sec-Trees	33511 DELETE	2 4 CHY-ST-ZIP 3 1 TRUE		Change Addition
NAME		-	3.2 NAME		C pliquige C voquion
STREET ADDRESS	Becky M. Halo	cw.	3 3 STREET ADDRESS		
CITY-ST-ZIP	Brandon F	いくさんし	3.4. CITY - S1 - ZIP		
TITLE	THE T CLAN CHO JULY TO	DELFTE	4.1 TITLE		Change Addition
NAME			4. 2 NAME	والمال والمال والمال والمال والمال والمال والمال والمال	- James James
STREET ADDRESS			4.3 STREET ADDRESS	500002538 -05/28/9801013-	100
CITY-ST-ZIP			4.4 CITY - ST - ZIP	***158.75	UEJ
TITLE		DELETE	5.1 TOLE	<u> ტტტქეს-1ე</u>	☐ Change ☐ Addition
NAME			5.2 NAME		VI.A
STREET ADDRESS			5.3 STREET ADDRESS		\ \ \\ \\ \\
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	54 CHY-ST-ZIP) V
			6.1 THEF		Change Addition
NAME Street address			6.2 NAME		
CITY ST 7IP			6.3 STREET ADDRESS		

14. Thereby 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 supplimental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of 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