

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 # P97000074527

1. Corporation Name

FIDELITY FIRST TITLE CORPORATION

Principal Place of Business

~~STE. 2000~~ 101 S. WYMORE RD.
SUITE 100
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

~~STE. 2000~~ 101 S. WYMORE RD.
ALTAMONTE SPRINGS FL 32714



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1997

4. FEI Number

59-3466388

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 101 S. Wymore RD

26 101 S. Wymore RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 100

27 SUITE 100

City & State

City & State

23 ALTAMONTE SPGS

28 ALTAMONTE SPGS FL

Zip Country

Zip Country

24 32714

25

29 32714

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNEIDERHAN, WAYNE D
STE. 2000, 101 S. WYMORE RD.
ALTAMONTE SPRINGS FL 32714

81 Name SURANIE "MELA" PRUNA

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

101 S. WYMORE RD # 100

83

84 City ALTAMONTE SPGS

FL

85 Zip Code 32714

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 or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

1/15/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME SCHNEIDERHAN, WAYNE D
STREET ADDRESS STE. 2000, 101 S. WYMORE RD.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME SURANIE PRUNA
1.3 STREET ADDRESS 101 S. WYMORE RD, SUITE 100
1.4 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

DATE

407 786-5900

Daytime Phone #

CR2E034 (11/98)