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FILED
May 15 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 # P97000101570 (4)

1. Corporation Name

TITAN ASSETS, INC.



Principal Place of Business

Mailing Address

8664 LONGWOOD DRIVE
LARGO FL 33777

8664 LONGWOOD DRIVE
LARGO FL 33777

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1997

4. FEI Number

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

2. Principal Place of Business

21 36555 U.S. Hwy 19 No.

Suite, Apt. #, etc.

22

City & State

23 Palm Harbor, FL

Zip

24 34684

Country

25 U.S.A.

2a. Mailing Address

26 36555 U.S. Hwy 19 No.

Suite, Apt. #, etc.

27

City & State

28 Palm Harbor, FL

Zip

29 34684

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

GARCIA, CARLOS M
8664 LONGWOOD DRIVE
LARGO FL 33777

10. Name and Address of New Registered Agent

81 Name

82 Carlos M. Garcia

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

84 36555 U.S. Hwy 19 No.

85

City

Palm Harbor

FL

86 Zip Code

34684

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)

DATE

4-8-98

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GARCIA, CARLOS M
STREET ADDRESS 8664 LONGWOOD DRIVE
CITY-ST-ZIP LARGO FL 33777

TITLE D ☐ DELETE

NAME BOYER, TRACY
STREET ADDRESS 8664 LONGWOOD DRIVE
CITY-ST-ZIP LARGO FL 33777

TITLE D ☐ DELETE

NAME LAIN, JHON
STREET ADDRESS 5128 CAREY ROAD
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME LAIN, ANITA
STREET ADDRESS 5128 CAREY ROAD
CITY-ST-ZIP TAMPA FL

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 D ☒ Change ☐ Addition

1.2 NAME Carlos M. Garcia
1.3 STREET ADDRESS 36555 U.S. Hwy 19 No.
1.4 CITY-ST-ZIP Palm Harbor, FL 34684

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.

SIGNATURE

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

11-8-98

(813) 771 9110

CP2E034 (10/97)