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FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90092 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000011074

1. Corporation Name
TEAM TITLE, INC.



Principal Place of Business
 31 OLD KINGS RD. N., SUITE 5
 PALM COAST FL 32137

Mailing Address
 31 OLD KINGS RD. N., SUITE 5
 PALM COAST FL 32137

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/02/1998

4. FEI Number

59-3493438

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIBBS, NICOLE R
 31 OLD KINGS RD. N., SUITE 5
 PALM COAST FL 32137

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	GIBBS, DAVID	
STREET ADDRESS	31 OLD KINGS RD. N., SUITE 5	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCDERMOTT, SANDRA M	
STREET ADDRESS	31 OLD KINGS RD. N., SUITE 5	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VOST, MARK	
STREET ADDRESS	31 OLD KINGS RD. N., SUITE 5	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D/U.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D/Asst V.P./Asst S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gibbs, Nicole	
4.3 STREET ADDRESS	31 Old Kings rd N STE 5	
4.4 CITY-ST-ZIP	Palm Coast, FL 32137	
5.1 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Pinto, Carlos	
5.3 STREET ADDRESS	31 Old Kings rd N STE 5	
5.4 CITY-ST-ZIP	Palm Coast FL 32137	
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

SIGNATURE REQUIRED
 David D. Gibbs, Treasurer

4-10-99

904-445-0900

Date

DayTime Phone #

CR2E034 (1/1/98)