

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90216 050 ***158.75

DOCUMENT # P98000015560

1. Corporation Name

SOUTHERN TITLE INFORMATION SERVICES, INC.

Principal Place of Business

2335 BEVILLE RD
DAYTONA BEACH FL 32119

Mailing Address

2335 BEVILLE RD
DAYTONA BEACH FL 32119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1998

4. FEI Number

59-3499422

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

9. Name and Address of Current Registered Agent

STEIN, W JEFFRY
1315 TUSKAWILLA RD, SUITE 105
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name
Morteza Hosseini-Kargar

82 Street Address (P.O. Box Number is Not Acceptable)
2339 Beville Road

83

84 City
Daytona Beach

FL

85 Zip Code
32119

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 fee if applicable)

/Morteza Hosseini-Kargar

4/28/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOSSEINI-KARGER, MORTEZA	
STREET ADDRESS	2335 BEVILLE RD	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENGE, SHELLY	
STREET ADDRESS	2335 BEVILLE RD	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ATKERSON, PAULA	
STREET ADDRESS	2335 BEVILLE RD	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	D	<input type="checkbox"/> DELETE
NAME	IRLAND, CHARLENE B	
STREET ADDRESS	2335 BEVILLE RD	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TRINDER, JEAN	
STREET ADDRESS	2335 BEVILLE RD	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARS, SUSAN	
STREET ADDRESS	2335 BEVILLE RD	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D /S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	EVP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CLARK, VERONICA	
5.3 STREET ADDRESS	2335 Beville Road	
5.4 CITY-ST-ZIP	Daytona Beach, Florida 32119	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LEMERAND, L. GALE	
6.3 STREET ADDRESS	2339 Beville Road	
6.4 CITY-ST-ZIP	Daytona Beach, Florida 32119	

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: /Morteza Hosseini-Kargar, Director 4/28/99 904/788-0820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)