

0228465

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 # P98000034644

1. Corporation Name  
DADELAND TITLE, INC.

Principal Place of Business  
9130 SOUTH DADELAND BLVD.  
TWO DATRAN CENTER, STE. 1528  
MIAMI FL 33156

Mailing Address  
9130 SOUTH DADELAND BLVD.  
TWO DATRAN CENTER, STE. 1528  
MIAMI FL 33156

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

SHEVIN, ARNOLD D  
9130 SOUTH DADELAND BLVD.  
TWO DATRAN CENTER, STE. 1528  
MIAMI FL 33156

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 in name of registered agent or director (if applicable)

(NOTE: Registered Agent Signature is required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D; President; Secretary	[ ] DELETE
NAME	SHEVIN, ARNOLD D	
STREET ADDRESS	9130 SOUTH DADELAND BLVD., STE. 1528	
CITY-STATE-ZIP	MIAMI FL 33156	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D; President; Secretary	[ ] Change	[X] Addition
12 NAME			
13 STREET ADDRESS			
14 CITY-STATE-ZIP			
21 TITLE		[ ] Change	[ ] Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-STATE-ZIP			
31 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY-STATE-ZIP			
41 TITLE		[ ] Change	[ ] Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-STATE-ZIP			
51 TITLE		[ ] Change	[ ] Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-STATE-ZIP			
61 TITLE		[ ] Change	[ ] Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-STATE-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:

Arnold D. Shevin, President

3/15/99 305 670-1987 S216

CR2E034 (11/98)