

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 # **P98000051815**
1. Corporation Name
A-1 TITLES PLUS, INC.

Principal Place of Business
182 CENTRAL AVE.
UMATILLA, FL 32784

Mailing Address
1225 WINDSOR AVE
LONGWOOD, FL 32750

FILED
99 JUN 23 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3515584		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
24		25		29		30	

9. Name and Address of Current Registered Agent

AL MAIR
1225 WINDSOR AVE
LONGWOOD, FL 32778

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	PVPSTD	11 TITLE	SEC/TREAS
NAME	AL MAIR	12 NAME	AL MAIR
STREET ADDRESS	1225 WINDSOR AVE	13 STREET ADDRESS	1225 WINDSOR AVE
CITY-ST-ZIP	LONGWOOD, FL 32750	14 CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	STD	21 TITLE	
NAME	KAREN L. SPICK	22 NAME	
STREET ADDRESS	1225 WINDSOR AVE	23 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD, FL 32750	24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	5000002915835-4
STREET ADDRESS		33 STREET ADDRESS	-05/25/99-01065-004
CITY-ST-ZIP		34 CITY-ST-ZIP	*****62.50 *****62.50
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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:

AL MAIR

6-10-99

407/265-9194

CR2E034 (11/98)