


FILE NOW: FILING FEE AFTER MAY 1ST IS: \$550.00

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90017 039 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000053065			
1. Corporation Name OPTION PLUS TITLE SERVICES, INC.			
Principal Place of Business 3016 ROSEMEAD SARASOTA FL 34235		Mailing Address 3016 ROSEMEAD SARASOTA FL 34235	
2. Principal Place of Business 21 40 N. OGDEN AVE 22 Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 3292 27 Suite, Apt. #, etc.	
23 City & State SARASOTA, FL 24 Zip 34235 25 Country USA		27 City & State SARASOTA, FL 28 Zip 34236 29 Country USA	
9. Name and Address of Current Registered Agent MCNALLY, WILLIAM J 3016 ROSEMEAD SARASOTA FL 34235		10. Name and Address of New Registered Agent 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 TITLE D NAME MCNALLY, WILLIAM J STREET ADDRESS 3016 ROSEMEAD CITY-ST-ZIP SARASOTA FL 34235		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PRES-D 1.2 NAME MCNALLY, WILLIAM J. 1.3 STREET ADDRESS 3016 ROSEMEAD 1.4 CITY-ST-ZIP SARASOTA FL 34235	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/12/1998	
4. FEI Number 65-0860404	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(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: William J. McNally, Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99 941-330-1400  
Date Daytime Phone #

CR2E034 (11/98)