


FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90036 002 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000053581

1. Corporation Name

FLORIDA TAGS & TITLE DEPOT, INC

Principal Place of Business 4602 N.E. 6TH AVE. BAY 1 FT. LAUDERDALE FL 33334	Mailing Address 4050 N.W. 42 AVE. #318 FT. LAUDERDALE FL 33319
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13100 STATE ROAD 84 Suite, Apt. #, etc. 22 City & State 23 DAVIE, FL. Zip Country 24 33325 25 USA	2a. Mailing Address 26 13100 STATE ROAD 84 Suite, Apt. #, etc. 27 City & State 28 DAVIE, FL. Zip Country 29 33325 30 USA
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3. Date Incorporated or Qualified 06/12/1998	4. FEI Number 65-0880893	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing <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 checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent ASIN, HERMAN 4050 N.W. 42 AVE. #318 FT. LAUDERDALE FL 33334	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
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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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HERMAN ASIN 4050 NW 42 Ave #318 FT. Land. FL 33319	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY TREAS ARLENE ASIN 4050 NW 42 Ave #318 FT. Land. FL 33319	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY TREAS ARLENE ASIN 4050 NW 42 Ave #318 FT. Land. FL 33319	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY TREAS ARLENE ASIN 4050 NW 42 Ave #318 FT. Land. FL 33319	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY TREAS ARLENE ASIN 4050 NW 42 Ave #318 FT. Land. FL 33319	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY TREAS ARLENE ASIN 4050 NW 42 Ave #318 FT. Land. FL 33319	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 HERMAN ASIN **3/28/99** **954-473-8504**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (1/98)