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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000068405

FIRST FLORIDA TITLE COMPANY

Principal Place of Busine
7800 RED ROAD #203
SOUTH MIAMI FL 33143

Mailing Address

7800 RED ROAD #203 SOUTH MIAM! FL 33143

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90005 018 ***150.00



DO NOT WRITE IN THIS SPACE

						3. Date Incorporated or Qualifed					
						08/05/1998					
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	10/02	24		pplied For	
1		26				65-6	18683			lot Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certifcate of St	atus Desired		•	Additional Required	
City & State City & State						6. Election Camp	aign Financing		\$5.0) Мау Ве	
3		28				Trust Fund Cor	ntribution		Added	to Fees	
Zip	Country Zip			try		8. This corporation	n owes the cur	rent year Inta		_/	
24 25 29 30						Personal Property Tax. Yes WNo					
	9. Name and Address of Current	Registered Agent				10. Name and Ad	dress of New I	Registered /	Agent		
				81	Name						
Garcia, George L ESQ					Street Ad	dress (P.O. Box Numbe	r is Not Accept	able)			
	RED ROAD #203			82	011001710	01000 (r . 0. 20x 1100					
SOU		į.	83								
				_				····	ne 7:	Code	
			1	84	City			FL	85 Zip	Code	
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes	s, the ab	ove-	-named co	rporation submits this st	atement for the	purpose of	changing i	ts registered	
office or re	egistered agent, or both, in the State o	of Florida. Such change was aut	thorized	by u	he corpora	tion's board of directors	. I hereby acce	pt the appoir	ntment as	registered	
agent. I ar	n familiar with, and accept the obligat	ions of, Section 607.0505, Flori	da Statul	ies.							
SIGNATURE		ditto if analysable (NOTE: 6	Designand A	\aent	evaneture recui	ired when reinstating)		DATE			
12.	Signature, typed or printed name of registered agent OFFICERS ANI	, , , , , , , , , , , , , , , , ,	13.	-yein	aignature roqui	ADDITIONS/CH	ANGES TO OF		D DIRECT	ORS IN 12	
TITLE	PSD	DELETE	1.1 1111	F			· · · · · · · · · · · · · · · · · · ·		Change		
	GARCIA, GEORGE L	_	1,2 NAA		İ					•	
NAME					********						
STREET ADDRESS	7800 RED ROAD #203		•		ADDRESS						
CITY-ST-ZIP	SOUTH MIAMI FL 33143	☐ DELETE	1.4 CIT		·ZIP				Change	Addition	
TITLE	VTD	[] DECEIE	2.1 T/III							,	
NAME	GROSS, LEE		2.2 NAM								
STREET ADDRESS	7800 RED ROAD #203		2.3 STF	REET	ADDRESS	- *	•				
CITY-ST-ZIP	SOUTH MIAMI FL 33143		_	CITY-ST-ZIP					Change	Addition	
TITLE .		☐ DELETE	3.1 TITL	E			•	•	Change	: Nagarion	
NAME			3.2 NAI	ΜE					1 .	-	
STREET ADDRESS			3.3 STF	REET /	ADDRESS						
CITY-ST-ZIP			3.4. CIT	Y-ST	-ZIP						
TITLE		☐ DELETE	4.1 TITL	LE.	j	•			Change	Addition	
NAME			4. 2 NA	ME					-	4	
STREET ADDRESS			4.3 STF	REET	ADDRESS	í			• '		
CITY-ST-ZIP			4.4 CIT	Y-ST-	-ZIP	· .	•				
TITLE		☐ DELETE	5.1 TITL	E					☐ Chang	Addition	
NAME			5.2 NA	ΜE		-4	•				
STREET ADDRESS			5.3 STF	REET	ADDRESS				٠.		
CITY-ST-ZIP			5.4 CIT	Y-ST-	-ZIP						
TITLE		☐ DELETE	6.1 TITL	Æ	$\overline{}$				Change	Addition	
NAME			6.2 NA	ME							
			6.3 STF	REET	ADDRESS				•		
STREET ADDRESS			6.4 CIT								
CITY-ST-ZIP			0.4 011	-اد-،	· er						

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:

1-11-99 305-669-1937
Date Daytime Phone #