PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000098139

1. Corporation Name

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90050 016 ***158.75

LEXINGT	ON TITLE AGENCY,	INC.								161 16101 11611 161 16181 11618		
Principal Place	e of Business	Mail	ing Address				!!!		IKAN ORAN SUNU N			
10138 U.S 19 PORT RICHEY FL 34668			10138 U.S 19 PORT RICHEY FL 34668					DO NOT WE	RITE IN THIS	SPACE		
								corporated or Qualifed	t		_	
								11/23/1998				
2. Principal P	lace of Business	— <u>—</u>	Mailing Address				4. FEI Nu	mber 3554	1.11	_ 	plied For	
21		26	2.74- 2-1-48-4-				97	2227	4/6		t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					te of Status Desired		\$8.75 A		==
22		[27]	City & State					O marine Financia			·	
City & Stat	.0		Dity of State					n Campaign Financing und Contribution		\$5.00 Added to		
Zip	Country	28	Zip	Cou	intry		+	rporation owes the cu	rrent vear Inte		11 003	
— '		⊢	-i p	30				rporation owes the cu al Property Tax.	nen year na	Yes	XÍNo	
24	9. Name and Address o	29	red Agent	1301	ī			and Address of New	Registered A			
	3. Maille alla Address o	Ourient Registe	nea Again		81	Name	1-1 1021110					
SMIT	TH, MARLIE B											
	18 U.S 19				82	Street Add	lress (P.O. Box	Number is Not Accep	table)			
	T RICHEY FL 34668				83							
					84	City			FL	85 Zip C	ode	
office or r agent. I a SIGNATURE	to the provisions of Sections egistered agent, or both, in the familiar with, and accept the Signature, typed or printed name of reg	ne obligations of, S	Section 607.0505, FI	orida Stati	utes.		ed when reinstating)	rectors. I nereby acce	DATE	tment as reg		1
12.		ERS AND DIREC	• • • • • • • • • • • • • • • • • • • •	13.	-			NS/CHANGES TO O	FFICERS AN	D DIRECTO	RS IN 12	00/
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CITY-ST-ZIP	PORT RICHEY FL 3466	8		1.4 CI	TY-ST	r-ZIP						נם
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TITLE	CANT		☐ DELETE	3.2 N/ 3.3 ST	TLE AME	ADDRESS	ORT RI	CNET, FL	34.	☐ Change		
NAME	CANT		☐ DELETE	3.2 N/ 3.3 ST	TLE AME TREET ITY-S	ADDRESS	ORT RI	CNEI, FL	34	Change	Addition	
	CANT			3.2 N/ 3.3 ST 3.4. C	TLE AME: TREET ITY-S' TLE	ADDRESS	ORT RI	CNEIT, FL	34	☐ Change		
STREET ADDRESS	CANT			3.2 N/ 3.3 ST 3.4. C 4.1 TT 4.2 N	TLE AME: TREET TTY-S' TLE AME	ADDRESS	ORT RI	CNEIT, FL	34.	☐ Change		
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	CANT			3.2 N/ 3.3 ST 3.4. C 4.1 TT 4. 2 N 4.3 ST 4.4 Cd 5.1 TT	TLE TREET TTLE TAME TREET TTY-ST TLE TTY-ST	ADDRESS T-ZIP ADDRESS	PRT RI	CNEIT, FL	34	☐ Change		
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CITY-ST-ZIP TITLE NAME	CANT		DELETE	3.2 N/ 3.3 S1 3.4 C 4.1 TT 4.2 N 4.3 S1 4.4 CJ 5.1 TT 5.2 N/ 5.3 S1 5.4 CJ	TILE TREET TITY-S' TILE AME TREET TITY-ST TILE TREET TITY-ST TILE TREET TREET TREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	PRT RI	CNEIT, FL	34	☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	CANT		☐ DELETE	3.2 NV 3.3 S1 3.4 C 4.1 TT 4.2 N 4.3 S1 4.4 CI 5.1 TT 5.2 NV 5.3 S1 5.4 CI 6.1 TT	TILE TREET TITY-S TILE TAME TREET TTY-ST TILE TREET TY-ST TILE TY-ST TILE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	PRT RI	CNEIT, FL	34	☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CANT		DELETE	3.2 NV 3.3 S1 3.4 C 4.1 TI 4.2 N 4.3 S1 4.4 C/ 5.1 TI 5.2 NV 5.3 S1 5.4 CI 6.1 TI 6.2 NV	TILE AME TREET TILE AME TREET TY-ST TILE TY-ST TILE TY-ST TILE AME	ADDRESS ADDRESS -ZIP ADDRESS -ZIP	PRT RI	CNEIT, FL	34	☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CANT		DELETE	3.2 N/ 3.3 S1 3.4 C 4.1 TT 4.2 N 4.3 S1 4.4 CI 5.1 TT 5.2 N/ 5.3 S1 5.4 CI 6.1 TT 6.2 N/ 6.3 S1	TILE AME TREET TILE AME TREET TY-ST TILE TY-ST TILE TY-ST TILE AME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	PRT RI	CNEIT, FL	34	☐ Change	☐ 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 under 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 under 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 under 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.

SIGNATURE: