

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000102018
1. Corporation Name
EXEC-U-CLOSE TITLE CO., INC.



Principal Place of Business: 4020 PARK STREET NORTH, SUITE 10, ST PETERSBURG FL 33709

Mailing Address: 4020 PARK STREET NORTH, SUITE 10, ST PETERSBURG FL 33709

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1998

4. FEL Number: 59-3546606 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property: Yes

2. Principal Place of Business (21-24)

2a. Mailing Address (26-29)

9. Name and Address of Current Registered Agent: FILINGS, INC., 3732 N.W. 16TH STREET, FT. LAUDERDALE FL 33311-4132

10. Name and Address of New Registered Agent (81-84)

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: QUINTY-DAVIS, KATHY
STREET ADDRESS: 4020 PARK STREET NORTH SUITE 101
CITY-ST-ZIP: ST PETERSBURG FL 33709

TITLE: D
NAME: DAVIS, MICHAEL
STREET ADDRESS: 4020 PARK STREET NORTH SUITE 101
CITY-ST-ZIP: ST PETERSBURG FL 33709

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Quinty, Kathy
1.2 NAME: Quinty, Kathy
1.3 STREET ADDRESS: _____
1.4 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)(f), 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.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE # (727) 347-1000

CR2E034 (5/99)