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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



DIVISION OF CORPORATIONS

DOCUMENT # **S60550** 1. Corporation Name

GULF COAST TITLE SERVICES, INC.

FILED Feb 20, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

02-20-1999 90106 018 ***150.00



		maining modross								
2475 ENTERPI SUITE 200	rise road	2475 ENTERPRISE RD.								
CLEARWATER	FI 33763	Suite 100 Clearwater FL 33763					50.007.000			
US	16 33733	US				DO NOT WRITE IN THIS SPACE				
		o o				3. Date incorpora				
2 Principal	Place of Business	2a. Mailing Address				06/14/1991				
21	Tidos of Business					4. FEI Number	_		A	pplied For
	t # etc	Suite Apt # etc				59-3069272	2		N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of S	tatus Desired	□.		Additional	
City & State		27 City & State					<u> </u>	Fee R	equired	
¬ '		City & State			6. Election Camp	aign Financing		\$5.00	May Be	
Zip Country		28 Count			Trust Fund Co				to Fees	
─ '		Zip				8. This corporation		ent year Int	tangible	
24	25 29 9. Name and Address of Current Registered Ager		30			Personal Prop	erty Tax.		☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Ad	dress of New R	egistered	Agent	
രവ	ITLIEB & GOTTLIEB , P.A.			81	Name					
247	5 ENTERPRISE RD. SUITE 100	82 Street Ad			Address (P.O. Box Number is Not Acceptable)					
	TE 204	[-] 5.135177			TELEVISION (F. 15. DOX FROM DO	i io Not Accepta				
		83								
CLE	ARWATER FL 33763									
				84	City	,		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the al	bove-	named o	corporation submits this st	atement for the r		changing its	registered
	registered agent, or both, in the State of am familiar with, and accept the obligat				he corpo	ration's board of directors	I hereby accep	the appoi	ntment as re	egistered
		ions of, Section 607:0303, Floi	ioa Statt	nes.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable /NOTE-	Registered	Agent	rianatura so	quired when reinstating)				
12.	OFFICERS ANI		13.	regont.	•		ANCER TO OFF	DATE	D DIDEOTA	NO 191 40
TITLE	SD	☐ DELETE			— т	ADDITIONS/CH/	ANGES TO OFF	ICERS AN	☐ Change	Addition
NAME	GOTTLIEB, JERRY	_	1.2 NA		İ				□ Change	Audition
STREET ADDRESS	A475 ENEEDDDIA			_						
CITY-ST-ZIP	CLEARWATER FL 33763		1.3 STREE							ľ
TITLE	TD	☐ DELETE	_	Y-ST-	ZIP		***			
	ļ · -	C) DELETE	2.1 TITLE						Change	Addition
NAME	GOTTLIEB, RICHARD		2.2 NA	ME	ļ					ſ
STREET ADDRESS	2475 ENTERPRISE RD. #100		2.3 STF	REETA	DDRESS	•				J
CITY-ST-ZIP	CLEARWATER FL 33763		2.4 CIT	TY-ST-	ZIP					
TITLE	PD	☐ DELETE	3.1 TITI	LE					☐ Change	Addition
NAME	Wehlau, Cheryl		3.2 NA	ME	[]
STREET ADDRESS	2475 ENTERPRISE RD. #200		3.3 STF	REETA	DDRESS	•	-			ĺ
CITY-ST-ZIP	CLEARWATER FL 33763		3.4. CIT							
TITLE		☐ DELETE	4.1 TITL						Change	Addition
NAME			4. 2 NA						onlinge	
STREET ADDRESS			1		DDDEGG					}
CITY-ST-ZIP					DORESS					}
TITLE		☐ DELETE	4.4 CIT		ZIP					
NAME		□ DELETE	5.1 TITL		-				☐ Change	☐ Addition
			5.2 NAN							1
STREET ADDRESS			1		DDRESS					
CITY-ST-ZIP			5.4 CITY		IP					
MLE		☐ DELETE	6.1 TITL	E					☐ Change	☐ Addition
NAME			6.2 NAW	Æ				:	-	
STREET ADDRESS			6.3 STR	EETAD	DORESS					Ì
CITY-ST-ZIP			64 CITY	/_ST_7	מו					

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 trusted 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 or an attachment with an address with all other like empowered.

SIGNATURE: