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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

1. Corporation	NIEN I # VU5448 ECURITY TITLE, INC.	3				 	eran eniki didin d	isan (sil Prēi)	ê(#F1 #1810 P1811 I	AJŪJI PIRIJ IPAI	
Principal Place of Business Mailing Address						- 1 1004) DISOLO D	itä: Bisit Bisit Bi	KNOT ENST MINIT	Black minni Atant i	Lieti elek lesi	
1401 E BROWARD BLVD 1401 E BROWARD BLVD											
SUITE 206 SUITE 206											
FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed					
						01/09/1992	g or Qualifed				
Principal Place of Business     2a. Mailing Address						4. FEI Number			Ap	oplied For	
21		26				65-0310150				ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<b>1</b>			5. Certificate of State	us Desired		\$8.75		
22		27					<del>,</del>			equired	
City & Stat	e	City & State				6. Election Campai			\$5.00		
23	0-11-1	28	<del></del>			Trust Fund Contribution Added to Fees  8. This corporation owes the current year Intangible					
Zip	Country	Zip	30	,		8. This corporation Personal Property		rent year in	tangible	□No	
24	9. Name and Address of Curre		30			10. Name and Add		Registered			
	5. Name and Address of Ouric	int registeres Agent	81	Na	ıme			8			
HER	MAN, BRUCE K		<u> </u>	ļ. <u>.</u>							
1401 E BROWARD BLVD			82	Str	eet Addre	ss (P.O. Box Number	s Not Accept	able)			
STE 206			83						<del></del> -		
FT LAUDERDALE FL 33301				ļ					TT1 =		
			84	Cit	У			FL	85 Zip (	Code	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obligi	e of Florida. Such change was au ations of, Section 607.0505, Flori	ithorized by ida Statutes	the o	corporation	n's board of directors.	ement for the hereby acce	purpose o	f changing its intment as re	registered gistered	
	Signature, typed or printed name of registered age	<del></del>	<del></del>	nt signa	ature required	when reinstating)  ADDITIONS/CHAI	UCES TO OF		ND DIRECTO	DS IN 12	
<b>12.</b> πτε	OFFICERS AND DIRECTORS  VST  DELETE		13.		$\top$	ADDITIONS/CHA	VGES TO OF	TICENOA	Change	Addition	
	KELLEY, PATRICK G.		1.2 NAME	E i					_ ,	_	
NAME	1401 E BROWARD BLVD #206			1.3 STREET ADDRESS							
STREET ADDRESS	FT LAUDERDALE FL	•	1.4 CITY-ST-ZIP		,,,,,,						
CITY-ST-ZIP TITLE	P DELETE			11-215	$\dashv$			, <u>-</u>	Change	Addition	
	HERMAN, BRUCE K.	<del>-</del>		2.1 TITLE 2.2 NAME					_ ,		
NAME STREET ADDRESS	1401 E BROWARD BLVD #206		2.3 STREE	TADDS	ecc						
	FT LAUDERDALE FL	,	2.4 CITY-ST-ZIP						,		
CITY-ST-ZIP TITLE	DELETE			3.1 TITLE					Change	☐ Addition	
NAME		_	3.2 NAME			,					
STREET ADDRESS			Į.	3.3 STREET ADDRESS						,	
CITY-ST-ZIP			1	3.4. CITY-ST-ZIP							
TITLE			4.1 TITLE						Change	Addition	
NAME	1		4.2 NAME		- }					}	
STREET ADDRESS	•		4.3 STREE		RESS						
CITY-ST-ZIP			4.4 CITY-S	T-ZIP							
TITLE		DELETE	5.1 TITLE						Change	Addition	
NAME			5.2 NAME							j	
STREET ADDRESS			5.3 STREE	TADDR	RESS						
CITY-ST-ZIP		_	5.4 CITY-S	T-ZIP							
TITLE		☐ DELETE	6.1 TITLE						Change	☐ Addition	
NAME			6.2 NAME		i						

14. 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 the 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 employered 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 ardises, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

954-467-1788 Daytime Phone #