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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 27 1998 8:00am Secretary of State

DOCUMENT # V60589 (1) ALL FLORIDA TITLE AGENCY, INC.					
Principal Place of Business Mailing Address					
3802 S. WESTSHORE BLVD. 3802 S. WESTSHORE BLVD.					
3602 S. WESTSHORE BLVD. TAMPA FL 33611 TAMPA FL 33611			J.		
				DO NOT WRITE IN THIS SPACE	
•				3. Date Incorporated or Qualified	
Principal Place of Business 2a. Mailing Address				08/26/1992 4. FEI Number	Applied For
21 26		<u> </u>		59-3138819	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		· 	- \$8	75 Additional	
22 27			5. Certificate of Status Desired	e Required	
		City & State			.00 May Be
23 Tip	Country Zip		Trust Fund Contribution Added to Fees Country Phis corporation twee or has paid the current year latengible		
Zip 24	25	⊢ 	Country	8. This corporation owes or has paid the current year Personal Property Tax due June 30.	ar Intangible
24	9. Name and Address of Current I		30	10. Name and Address of New Registered Agent	
NAIT.	LER, MARK E		81 Name		
A COLUMN AND THE POLICE TO A COLUMN AND THE POLI				ress (P.O. Box Number is Not Acceptable)	
TAMPA FL 33611			62) Street Addi	ess (F.O. Box Number is Not Acceptable)	
TARK AT E GOOT!			83		
			84 City	85	Zip Code
				FL T	•
11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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					
		Registered Agent signature requir		TODO IN 40	
12.	D OFFICERS AND I	DELETE DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIREC	
NAME	DONNANTUONI, PETER M	_	1.2 NAME		
STREET ADDRESS	3802 S WESTSHORE BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY - ST - ZIP		ļ
TITLE	D	DELETE	2.1 TITLE	☐ Cha	nge 🔲 Addition
NAME	MILLER, MARK E		2.2 NAME		
STREET AODRESS	3802 S WESTSHORE BLVD		2.3 STREET ADDRESS		ĺ
CITY-ST-ZIP	TAMPA FL	[-] 2	2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	L Cha	nge 🛄 Addition
NAME			3 2 NAME		j
STREET ADDRESS	•		3.3 STREET ADDRESS		ł.
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Cha	nge Addition
NAME			4. 2 NAME		.igu
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP			4.4 CITY-ST-ZIP		ĺ
TITLE		DELETE	5.1 TITLE	☐ Cha	nge 🔲 Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		J
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	☐ Cha	nge 🔲 Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		,
CITY-ST-ZIP		41.1. 615	6.4 CITY-ST-ZIP	Casting 110 07/2/6) Elayida Statutas I further cortificthe	1 4 h à 1 m 6 m

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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 607 an attainment with an address.

SIGNATURE:

NASURE LUBER

1/2/28 (813)839-7500