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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

F97000005970 (5)

J.G.W. TITLE, INC.

DOCUMENT #

FILED Apr 24 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address 222 U.S. HIGHWAY 1: SUITE 1-208K 222 U.S. HIGHWAY 1: SUITE 1-208K					1 146 142 AVIO 10411 10511 14511 14511 14511 14511	9 181 6 12 15 19 11 19 1	ori abii ikai	
TEQUESTA FL 33469 TEQUESTA FL 33469						. DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						11/12/1997		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	oplied For
21		26				52-2062943	No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		Additional
27						5. Certificate of Olatos Besned	Fee Re	equired
City & State	City & State City & State					6. Election Campaign Financing		Мау Ве
23	Country	28 7in	7ip Country			Trust Fund Contribution		to Fees
Zip 24	Country 7ip 30			ry		8. This corporation owes or has paid the c	urrent year Int	langible No
24	9. Name and Address of Curren		30			Personal Property Tax due June 30. Yes X No 10. Name and Address of New Registered Agent		
CO	PORATION SERVICE COMPAN	 	8	1	Name			
	01 HAYS STREET	₹	Ļ	_	<u> </u>	(D.O. D. 21)		
TALLAHASSEE FL 32301-2525			8	32 Street Address (P.O. Box Number is Not Acceptable)				
			8	3				
			Ļ	1	0::-			
			8-	۱ ا	City	F	L 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508, Florida Statute	es, the abo	ve-r	named corpo	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing i	ts registered
oπice or r agent. I a	egister ed agent, or boin, in the State m f am iliar with, and accept the obliga	or Horida. Such change was a ations of, Section 607.05 05, Flo	rida Statut	oy u es.	ne corporatio	on's board or directors. I hereby accept the ap	pointment as	registered
SIGNATURE		•						ì
	Signature, typed or printed name of registered age			gent	signature required	d when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	DELANEY, JAMES		1.1 TITLE				Change	
NAME	300 DELAWARE AVENUE			1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS	WILMINGTON DE 19801							
CITY-ST-ZIP TITLE	VS	DELETE	1,4 CITY 2.1 TITLE		ZIP		Change	Addition
NAME	GOODMAN, MICHAEL	LJ OCCCIO		2.2 NAME 2.3 STREET ADDRESS		<i>t.</i>		
STREET ADDRESS	300 DELAWARE AVENUE					•		1
CITY-ST-ZIP	WILMINGTON DE 19801							
TITLE		DELETE		2. 4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME			Change	Addition
NAME			1				-]
STREET ADDRESS	ss		3.3 STRE	3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY	3.4. CITY - ST - ZIP				
TITLE				4.1 TITLE			Change	☐ Addition
NAME	4.3		4. 2 NAM	4. 2 NAME				1
STREET ADDRESS	4.3		4.3 STRE	4.3 STREET ADDRESS				1
CITY-ST-ZIP			4.4 City	4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME	5.5			5.2 NAME				
STREET ADDRESS	is l		5.3 STRE	5.3 STREET ADDRESS				
CITY-ST-ZIP			_	5 4 CITY - ST - ZIP			0	Addition
TITLE		☐ DELETE	1	6.1 TITLE			L Change	Addition
NAME			6.2 NAM		1			
STREET ADDRESS			6.3 STRE		i			
CITY-ST-ZIP	pertify that the information supplied w	ith this filing does not qualify fo	6.4 CITY			Section 119.07(3)(i). Florida Statutes, I further	certify that the	information

Interest certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic 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 it changed, or on an attention of with an address.