## \* 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

DOCUMENT # J08608

(8)

**FILED** Apr 16 1998 8:00am Secretary of State

| AUTON   | MATED LAND TITLE COMPA  | NY   |  |  |   |
|---|---|--|--|--|---|
| Principal Plac  | e of Business   | Mailing Address  |  |  | BIDIT BIBIK DIDK DIDKI DIDII GIDII (DDI |
| C/O RICHARD P. ZARETSKY 1655 PALM BEACH LAKES BLVD #908 WEST PALM BEACH FL 33401  |   | C/O RICHARD P. ZARETSKY<br>1655 PALM BEACH LAKES BLVD #908<br>WEST PALM BEACH FL 33401 |  | DO NOT WRITE IN TH   | HIS SPACE                               |
| US  |   | US   |  | 3. Date Incorporated or Qualified  |   |
|   |   |  |  | 04/10/1986   |   |
|   | lace of Business  | 2a, Mailing Address  |  | 4. FEI Number  | Applied For                             |
| 21  |   | 26   |  | 65-0117462   | Not Applicable                          |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  | 5. Certificate of Status Desired   | \$8.75 Additional                       |
| City & State  |   | City & State   |  |  | Fee Required                            |
| 23  |   | <del></del>  |  | 6. Election Campaign Financing   | <b>\$5.00</b> May Be                    |
| Zip   | Country   | <b>28</b>  | Country                                | Trust Fund Contribution  | Added to Fees                           |
| 24  | 25  | —¬ '   | 30                                     | <ol><li>This corporation owes or has paid the<br/>Personal Property Tax due June 30.</li></ol> | Current year Intangible                 |
| 4   | g, Name and Address of Curren                                     | Registered Agent   | 30                                     | 10. Name and Address of New Register   |   |
|   | RETSKY, RICHARD P.  |  | 81 Name                                |  |   |
|   | 55 PALM BEACH LAKES BLVD.   |  | 82 Street Addr                         | ress (P.O. Box Number is Not Acceptable)   | ······································  |
|   | IITE 900<br>Est Palm Beach FL 33401                               |  | 83                                     |  |   |
| 176   | LOT TALM DEAOTT L GOTOT   |  |  |  |   |
|   |   |  | 84 City                                | F  | 85 Zip Code                             |
| 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   | 2   | -,   |  |  |   |
| 12.   | Signature, typed or printed name of registered age:  OFFICERS AND |  | Registered Agent signature require 13. | red when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS A                                      |   |
| TITLE   | PD  | DELETE   | 1.1 11TLE                              | ADDITIONS/CHANGES TO OFFICERS /  | Change Addition                         |
| NAME  | ZARETSKY, RICHARD P.  |  | 1.2 NAME                               |  |   |
| STREET ADDRESS  | 1655 PALM BEACH LK BLVD   |  | 1.3 STREET ADDRESS                     |  |   |
| CITY-ST-ZIP   | WEST PALM BEACH FL  |  | 1.4 CITY - ST - ZIP                    |  |   |
| TITLE   | D   | DELETE   | 2.1 TITLE                              |  | Change Addition                         |
| NAME  | ZARETSKY, ESTHER A  |  | 2.2 NAME                               |  |   |
| STREET ADDRESS  | 1655 PALM BCH LKS BLVD  |  | 2.3 STREET ADDRESS                     |  |   |
| CITY-ST-ZIP   | W PALM BCH FL   |  | 2. 4 CITY-ST-ZIP                       |  |   |
| TITLE   |   | DELETE   | 3.1 TITLE                              |  | Change Addition                         |
| NAME  |   |  | 3.2 NAME                               |  |   |
| STREET ADDRESS  |   |  | 3.3 STREET ADDRESS                     |  |   |
| CITY-ST-ZIP   |   |  | 3.4. CITY-ST-ZIP                       |  |   |
| TITLE   |   | ☐ DELE <b>TE</b>   | 4.1 TITLE                              |  | Change Addition                         |
| NAME  |   |  | 4. 2 NAME                              |  |   |
| STREET ADDRESS  |   |  | 4.3 STREET ADDRESS                     |  |   |
| CITY-ST-ZIP   |   |  | 4.4 CITY - ST - ZIP                    |  |   |
| TITLE   |   | ☐ DELETE   | 5.1 TITLE                              |  | ☐ Change ☐ Addition                     |
| NAME  |   |  | 5.2 NAME                               |  |   |
| STREET ADDRESS  |   |  | 5.3 STREET ADDRESS                     |  |   |
| CITY-ST-ZIP   |   |  | 5.4 CITY-ST-ZIP                        |  |   |
| TITLE   |   | ☐ DELETE   | 6.1 TITLE                              |  | ☐ Change ☐ Addition                     |
| NAME  |   |  | 6.2 NAME                               |  |   |
| STREET ADDRESS  |   |  | 6.3 STREET ADDRESS                     |  |   |

6.4 CITY-ST-ZIP

14. Thereby 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 is frue 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 dorporation or the recover or tracted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if glanged, or on an attacher at with an address.