PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J08608

1. Corporation Name

AUTOMATED LAND TITLE COMPANY

rincipal riace	t Ot Drawess	Maining / total coo			j			
C/O RICHARD P. ZARETSKY 1655 PALM BEACH LAKES BLVD #908 WEST PALM BEACH FL 33401		C/O RICHARD P. ZARETSKY 1655 PALM BEACH LAKES BLVD #908 WEST PALM BEACH FL 33401		DO NOT WRITE IN THIS	SPACE			
US		US			3. Date Incorporated or Qualifed 04/10/1986			
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
21		26		65-0117462	No	t Applicable		
Suite, Apt.	# etc				\$8.75	dditional -		
22	Suite 900	27	<u>_Sui</u>	te 900	5. Certificate of Status Desired	Fee Re	quired	
City & State		City & State		6. Election Campaign Financing	\$5.00			
23 28					Trust Fund Contribution	Added t	o Fees	
Zip	Country Zip Cou				8. This corporation owes the current year Inta		_	
24	25	29 30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	gent		
			81	Name				
ZARETSKY, RICHARD P. 1655 PALM BEACH LAKES BLVD.			82	82 Street Address (P.O. Box Number is Not Acceptable)				
			L					
	E 900		83				1	
WES	T PALM BEACH FL 33401		84	City		85 Zip (ode	
				1	F <u>L</u>			
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	Signature, typed or printed name of registered agent	and title if annicable. (NOTE: Red	istered Ager	nt signature require	od when reinstating) . DATE		····	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE	PD	. DELETE	1.1 TITLE			Change	☐ Addition	
NAME	ZARETSKY, RICHARD P.	_	1.2 NAME				\	
STREET ADDRESS	1655 PALM BEACH LK BLVD	,	1.3 STREE	T ADDRESS				
,			1.4 CITY-S					
City-St-Zip Title	D D		2.1 TITLE	1-21		Change	Addition	
			2.2 NAME	1	:	_ · · •	_	
NAME	Merorn, comercial						ŀ	
STREET ADDRESS			w**	FADDRESS =	ود الرباد والشامي الي الدار الواد مستور والتا التات	ي. <u> </u>	··-·• - [
CITY-ST-ZIP	W PALM BCH FL		2. 4 CITY - S		et a er Angenta a e	☐ Change	Addition	
TITLE	ALCE DISTIBILITY	☐ DELETE	3.1 TITLE	1 '	CLEE POSSIBLE T	☐ Change	/ Addition	
NAME	HETHY MACP (3.2 NAME	ì.	KATHY Raiph	/	v/a	
STREET ADDRESS	TUBES -		3.3 STREE		656 Autor Boach Her Otol		74	
CITY-ST-ZIP			3.4. CITY+ S	T-ZIP 66	MEST Ancia acod, Flat. 38401			
TITLE		☐ DELETE	4.1 TITLE	1		☐ Change	☐ Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP		***	4.4 CITY-S	T-ZIP		_		
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME				l.	
STREET ADDRESS			5.3 STREE	TADORESS				
CITY-ST-ZIP			5.4 CITY-S	T- ZIP				
TITLE		☐ DELETE	6.1 TITLE	-+		Change	☐ Addition	
—				- 1				

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 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 on an attackiment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99

561 478 SDO 🗢

Daytime Phone #

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90060 017 ***150.00

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