


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

FILED

Apr 21 1998 8:00am  
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1998  |                                |   |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
|--|--------------------------------|--|--|--|--|
| <b>DOCUMENT # J24977 (7)</b><br>1. Corporation Name<br><b>DELMAR TITLE COMPANY</b>   |                                |  |  |  |  |
| Principal Place of Business<br><b>7777 GLADES RD<br/>STE 110<br/>BOCA RATON FL 33434<br/>US</b>  |                                | Mailing Address<br><b>7777 GLADES RD<br/>STE 110<br/>BOCA RATON FL 33434<br/>US</b>  |  |  |  |
| 2. Principal Place of Business<br>21 <b>7777 W. GLADES ROAD</b><br>Suite, Apt. #, etc.<br>22 <b>100</b><br>City & State<br>23 <b>BOCA RATON, FL</b><br>Zip<br>24 <b>33434</b>  |                                | 2a. Mailing Address<br>26 <b>7777 W. GLADES ROAD</b><br>Suite, Apt. #, etc.<br>27 <b>100</b><br>City & State<br>28 <b>BOCA RATON, FL</b><br>Zip<br>29 <b>33434</b> |  | Country<br>25 <b>USA</b><br>30 <b>USA</b>  |  |
| 9. Name and Address of Current Registered Agent<br><b>GIMELSTOB, HERBERT<br/>7777 GLADES ROAD<br/>BOCA RATON FL 33434</b>  |                                |  |  |  |  |
| 10. Name and Address of New Registered Agent<br>81 Name <b>HERBERT GIMELSTOB</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>7777 W. GLADES ROAD</b><br>83 <b>SUITE 100</b><br>84 City <b>BOCA RATON</b> FL 85 Zip Code <b>33434</b>  |                                |  |  |  |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |                                |  |  |  |  |
| 12. OFFICERS AND DIRECTORS   |                                |  |  |  |  |
| TITLE  | PD                             | <input checked="" type="checkbox"/> DELETE   |  |  |  |
| NAME   | LEONTI, IRENE                  |  |  |  |  |
| STREET ADDRESS   | 7777 GLADES ROAD               |  |  |  |  |
| CITY-ST-ZIP  | BOCA RATON FL 33434            |  |  |  |  |
| TITLE  | STD                            | <input checked="" type="checkbox"/> DELETE   |  |  |  |
| NAME   | BAIME, ERIC                    |  |  |  |  |
| STREET ADDRESS   | 7777 GLADES ROAD               |  |  |  |  |
| CITY-ST-ZIP  | BOCA RATON FL 33434            |  |  |  |  |
| TITLE  |                                | <input type="checkbox"/> DELETE  |  |  |  |
| NAME   |                                |  |  |  |  |
| STREET ADDRESS   |                                |  |  |  |  |
| CITY-ST-ZIP  |                                |  |  |  |  |
| TITLE  |                                | <input type="checkbox"/> DELETE  |  |  |  |
| NAME   |                                |  |  |  |  |
| STREET ADDRESS   |                                |  |  |  |  |
| CITY-ST-ZIP  |                                |  |  |  |  |
| TITLE  |                                | <input type="checkbox"/> DELETE  |  |  |  |
| NAME   |                                |  |  |  |  |
| STREET ADDRESS   |                                |  |  |  |  |
| CITY-ST-ZIP  |                                |  |  |  |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |                                |  |  |  |  |
| 1.1 TITLE  | D/P                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |  |  |
| 1.2 NAME   | HERBERT GIMELSTOB              |  |  |  |  |
| 1.3 STREET ADDRESS   | 7777 W. GLADES ROAD, SUITE 100 |  |  |  |  |
| 1.4 CITY-ST-ZIP  | BOCA RATON, FL 33434           |  |  |  |  |
| 2.1 TITLE  | D/V                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |  |  |
| 2.2 NAME   | ELAINE GIMELSTOB               |  |  |  |  |
| 2.3 STREET ADDRESS   | 7777 W. GLADES ROAD, SUITE 100 |  |  |  |  |
| 2.4 CITY-ST-ZIP  | BOCA RATON, FL 33434           |  |  |  |  |
| 3.1 TITLE  | V/T/S                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |  |  |
| 3.2 NAME   | MARC D. HOPIN                  |  |  |  |  |
| 3.3 STREET ADDRESS   | 7777 W. GLADES ROAD, SUITE 100 |  |  |  |  |
| 3.4 CITY-ST-ZIP  | BOCA RATON, FL 33434           |  |  |  |  |
| 4.1 TITLE  | V                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |  |  |
| 4.2 NAME   | WILLIAM L. EPSTEIN             |  |  |  |  |
| 4.3 STREET ADDRESS   | 7777 W. GLADES ROAD, SUITE 100 |  |  |  |  |
| 4.4 CITY-ST-ZIP  | BOCA RATON, FL 33434           |  |  |  |  |
| 5.1 TITLE  |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |  |
| 5.2 NAME   |                                |  |  |  |  |
| 5.3 STREET ADDRESS   |                                |  |  |  |  |
| 5.4 CITY-ST-ZIP  |                                |  |  |  |  |
| 6.1 TITLE  |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |  |
| 6.2 NAME   |                                |  |  |  |  |
| 6.3 STREET ADDRESS   |                                |  |  |  |  |
| 6.4 CITY-ST-ZIP  |                                |  |  |  |  |
| 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 attachment with an address. |                                |  |  |  |  |
| SIGNATURE: _____   |                                | IRENE LEONTI   |  | 4/10/98 (561) 852-2900   |  |



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>07/21/1986</b>   |  |
| 4. FEI Number<br><b>59-2695356</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

CR2E034 (10/97)