SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

FILED
Aug 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J52107 (6)

1. Corporation Name
EASTERN NATIONAL TITLE INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
C/O MICHAEL KEHOE 1800 SOUTH AUSTRALIAN AVENUE #300 WEST PALM BEACH FL 33409 US	% MICAHEL KEHOE 1800 SOUTH AUSTRALIAN AVE., SUITE 400 WEST PALM BEACH FL 33409 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1800 South Australian Ave	2a. Mailing Address 26 1800 South Australian Ave
Suite, Apt. #, etc. 22 Suite 205	Suite, Apt. #, etc. 27 Suite 205
City & State 23 West Palm Beach, FL	City & State 28 West Palm Beach, FL
Zip / Country 24 33409 / 25 USA	Zip / Country 29 33409 / 30 USA

3. Date Incorporated or Qualified 01/15/1987	3a. Date of Last Report 03/15/1996
4. FEI Number 22-2774781	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRANNOCK, G STEVEN 1800 SOUTH AUSTRALIAN AVE. SUITE 400 WEST PALM BEACH FL	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HOVNANIAN, KEVORK S.		1.2 NAME	
STREET ADDRESS	29 WARD AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	RUMSON NJ		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HOVNANIAN, ARA K.		2.2 NAME	
STREET ADDRESS	29 WARD AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	RUMSON NJ		2.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MASON, TIMOTHY P.		3.2 NAME	
STREET ADDRESS	22 DEVON DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	PISCATAWAY NJ		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	REINHART, PETER S.		4.2 NAME	
STREET ADDRESS	2 BAYHILL RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	LEONARDO NJ		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HOTALING, REID		5.2 NAME	
STREET ADDRESS	1800 S AUSTRALIAN AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	KEHOE, MICHAEL		6.2 NAME	
STREET ADDRESS	92 S MANOR COURT		6.3 STREET ADDRESS	
CITY-ST-ZIP	WALL NJ		6.4 CITY-ST-ZIP	

CR2E034 (4/97)

14. I do 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 _____ 7/31/97 (732) 389-0009