PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P9400090272

1. Corporation Name

BAYONET TITLE, INC.

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90051 012 ***150.00



Principal Place of Business Mailing Address					BILD SOULD BOILD HOUSE	18618 1181 1881	
7637 STATE P		7637 STATE RD. 52					
BAYONET POINT FL 34667 US BAYONET POINT FL 34667			34667				
					DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed		
2 Principal F	Place of Business	2a. Mailing Address			12/12/1994		
21	-iace of Dusifiess	— <u> </u>			4. FEI Number	<u> </u>	plied For
Suite, Apt.	# etc	26 Suite, Apt. #, etc			59-3299754		t Applicable
22		 	¬ ′		5. Certifcate of Status Desired	\$8.75 A	
City & Sta	te .	City & State			6 Floring Compains Financia		_'
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	-
Zip	Country	Zip	Country		This corporation owes the current year		0 1862
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Cu		1001		10. Name and Address of New Register		
			81	Name			
	INSTEIN, DALE L		82	O4	/BO B W		
7637 STATE RD. 52			62	Street Addr	ess (P.O. Box Number is Not Acceptable)		
BAY	ONET POINT FL 34667		83				
	**		84	City		85 Zip C	Code
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida S	Statutes, the above	named corp	oration submits this statement for the purpose	of changing its	registered
onice or i	registered agent, or both, in the St am familiar with, and accept the ob	tate of Florida. Such change w	as authorized by t	he corporatio	on's board of directors. I hereby accept the ap	pointment as req	jistered
	arr lamilia with, and accept the or	ongations of, Section 607.0305	, Florida Statutes.				
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable.	(NOTE: Registered Agent	signature required	d when reinstating) DATE		
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	PSTD	☐ DELET	E 1.1 TITLE			☐ Change	Addition
NAME	BERNSTEIN, DALE		12 NAME			_ •	_
STREET ADDRESS	7637 SR 52		1.3 STREET	ADDRESS			
CITY-ST-ZIP	BAYONET FL		1.4 CITY+ST-	ZIP			
TITLE		☐ DELET				Change	Addition
NAME			2.2 NAME			_ ,	_
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP		-	2.4 CITY-ST		·		
TITLE		☐ DELET				Change	Addition
NAME			3.2 NAME	}			_
STREET ADDRESS			3.3 STREET A	DORESS			
CITY-ST-ZIP			34 CITY-ST				
TITLE		DELET				Change	Addition
NAME			4. 2 NAME				_
STREET ADDRESS							
CITY-ST-ZIP			•	DORESS			
TITLE			4.3 STREET A				
NAME		☐ DELETI	4.3 STREET A 4.4 CITY-ST-			☐ Change	☐ Addition
		☐ DELETI	4.3 STREET A			☐ Change	☐ Addition
STREET ADDRESS		☐ DELETI	4.3 STREET A 4.4 CITY-ST- 5.1 TITLE	ZIP		☐ Change	☐ Addition
STREET ADORESS CITY-ST-ZIP		☐ DELETI	4.3 STREET A 4.4 CITY-ST- 5.1 TITLE 5.2 NAME	ZIP DORESS		☐ Change	☐ Addition
`}	· ,:	☐ DELETI	4.3 STREET A 4.4 CITY-ST- 5.1 TITLE 5.2 NAME 5.3 STREET A 5.4 CITY-ST-	ZIP DORESS			
CITY-ST-ZIP	7. 1. 4. A. 2.		4.3 STREET A 4.4 CITY-ST- 5.1 TITLE 5.2 NAME 5.3 STREET A 5.4 CITY-ST-	ZIP DORESS		☐ Change	☐ Addition
CITY-ST-ZIP	10 4 s 4 18 st		4.3 STREET A 4.4 CITY-ST- 5.1 TITLE 5.2 NAME 5.3 STREET A 5.4 CITY-ST- 6.1 TITLE	ZIP DORESS 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 strugged and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or fuster 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, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28/99 727 86/0777