**PROFIT CCRPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

## FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90034 048 \*\*\*150.00

1999	600 mg 19	
DOCUMENT #	P07000084	550

1. Corporation Name  ADVANTAGE TITLE, INC.	J0 <del>4</del> 009		LEARNESS IN LEIN IBON BON BON BON BON BON	EE FAN DISTE SEIN BESTELLE	
Principal Place of Business	Malling Address		1 18 8 (1984 213 1871) (8814 8911) estrit son	#  FOLIS NIBOT Actor Atten Cort 1991	
6800 W. COMMERCIAL BLVD.	6800 W. COMMERCIAL BL'/D				
SUITE 5	SUITE 5		DO NOT WRITE IN TH	15 SPACE	
FT. LAUDERDALE FL 33319	FT. LAUDERDALE FL 33313		3. Date In proporated or Qualified		
			09/29/1997		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
<b>–</b>	26		65-0793976	Not Applicable	
Suite, Art. #, etc.	Suite, Apt. #, etc.			\$8.75 Acditional	
22	27		5. Certificate of Status Desired	Fee Required_	
City & State	City & State		6. Election Campaign, Financing	\$5.00-Ney Bo	<del></del>
23	28		Trust F and Contribution	Added to Fees	
Zip Coun ry	Zip	Country	8. This corporation owes the current year	l tangible ☐ Yes []No	
24 25	, - <del></del>	0	Person al Property Tax.  10. Name and Address of New Registere		
9. Name and Address of Current	Registered Agent	81 Name	IV, Halle ind Address of the House		
DIAMOND, BARRY A					
5701 NORTH PINE ISLAND ROAD		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
SUITE 250		83			
FT. LAUDERDALE FL 33321					
****		84 City	F	85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statu es	the above-named co	poration submits this statement for the purpose	of changing its registered	
<ol> <li>Pursuant to the provisions of Sections 607,0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation</li> </ol>			ion's board of directors. I hereby accept the app	Oment as registered	
SIGNATURE Stonebure, typed or proted has se of registered agent	and title of socilicable. (NOT). F	tegrstered Agent signature requir	ed when reinstating) OATE	····	6
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS		CR2E034 (11/98)
mie D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	Ξ
ROLNICK, HERBERT H		1,2 NAME			ğ
STREET ADDRESS 6800 W. COMMERCIAL BLVD.,	SUITE 5	1.3 STREET ADDRESS			띯
CITY-ST-ZIP FT. LAUDERDALE FL 33319	. <u></u>	14 CITY-ST-ZIP		Change Addition	8
TITLE PVTS	() DELETE	2,1 TITLE		□ Cuarde □ voorror.	_
NAME ROLNICK, HERBERT H		22 NAME			
STREET ADDRESS 6800 W. COMMERCIAL BLVD.,	SUITE 5	2.3 STREET ADDRESS			
CITY-ST-ZIP FT. LAUDERDALE FL 33319	- FI BELEVE	2.4 CITY-ST-ZIP		Change Addition	
TITLE	☐ DELETE	3.1 TITLE			
NAME.		221111			
STREET ADDRE IS		32 NAME			
CITY-ST-ZIP					<del></del> .
	∏ DELETE	3.3 STREET ADDRESS		Change Addition	<del></del> .
TITLE	☐ DELETE	3.4 CITY-ST-ZIP		☐ Change ☐ Addition	<del></del> .
TITLE NAME	☐ DELETE	3.4 CITY-ST-ZIP 4.1 TITLE 4 2 NAME		Change Addition	
TITLE NAME STREET ADDRE :S	☐ DELETE	3.4 CITY-ST-ZIP 4.1 TITLE 4 2 NAME 4.3 STREET ADDRESS		Change Addition	
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TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP	☐ DELETE	3.4 CITY-ST-ZIP 4.1 TITLE 4 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 52 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition	

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 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 sective 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 opporation them with an address, with all other like empowered.

SIGNATURE:

1. PRES. 4.9.99 954-742.44

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PEO OR PRINTED HAME OF SKINING OFFICE LOR DIRECTOR

954-742-4622