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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS 1996 (4)**DOCUMENT #** 1. Corporation Name ABSTRACTING OF SOUTH FLORIDA, INC. Mailing Address Principal Place of Business 225 NORTH FEDERAL HIGHWAY 225 NORTH FEDERAL HIGHWAY SUITE 650 SUITE 650 POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 3. Date Incorporated or Qualified 3a. Date of Last Report 07/07/1995 10/14/1991 Applied For 4. FEI Number 2a, Mailing Address 2. Principal Place of Business 65-0412613 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt #, etc Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zip Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) BURNETT, CHARLES R. 82 225 NORTH FEDERAL HIGHWAY 83 SUITE 650 POMPANO BEACH FL 33062 Zip Code 85 84 City 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 Floridal Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. ONTE Registeric Agent signature requires when releasening DATE SIGNATURE (12/95)Signature, typed or printed hance of registered agreed accretice flupplicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change nestibbA 3 DELETE 1 3 TIGHE PST TITLE CR2E034 BURNETT, CHARLES R. 1.2 NAME 225 N. FEDERAL HWY #650 1.3 STHEET ADDRESS STREET ADDRESS POMPANO BEACH FL 1.4 CITY - ST - ZIP CITY-SI-ZIP ☐ Addition ☐ Change DELETE 2 1 TITLE D TITLE 2.2 NAME BURNETT, CHARLES R. NAME 2.3 STREET ADDRESS 225 N. FEDERAL HWY #650 STREET ADDRESS POMPANO BEACH FL 2 4 CITY - \$1 - ZIP CHTY - ST - ZIP Change Addition DELETE 3 1 TITLE TILLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY - ST-ZIP ☐ Addition Change DELETE 4 1 TITLE TiT1E 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 GITY - \$5 - 7IP CITY-ST-ZIP ☐ Add-tion Change C DELETE 5 1 DE: F THILE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIF

SIGNATURE: __

DITY-ST-ZIP

STREET ADDRESS

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HARIES R. BURNEIT

6 1 THLE

6.2 NAME 63 STREET ADDRESS

64 CITY ST-ZIP

DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and due not qualify for the exemption stated in Section 119.07(3(k), Florida Statutes. I further certify that the information indicated on this annual report or supplied ental ground report is truly and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of this condicated on this receiver or truly ee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 3 if changes, or open attachment with an alteress.

Change

Addition