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

**PROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F68074**

1. Corporation Name

**QUIET TITLE AND ABSTRACT COMPANY**

| Principal Place of Business | Mailing Address |
|---|---|
| 3200 UNIVERSITY DRIVE #209<br>CORAL SPRINGS FL 33065<br>US | 2470 SE 11 ST<br>POMPANO BEACH FL 33062<br>US |

DO NOT WRITE IN THIS SPACE

**3.** Date Incorporated or Qualified
**02/22/1982**

**4.** FEI Number
**59-2162722**

Applied For
Not Applicable

**$8.75** Additional Fee Required

**5.** Certifcate of Status Desired ☐

**6.** Election Campaign Financing ☐ Trust Fund Contribution
**$5.00** May Be Added to Fees

**8.** This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

| | | | |
|---|---|---|---|
| **2.** Principal Place of Business | **2a.** Mailing Address | | |
| 21 | 26 | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| 22 | 27 | | |
| City & State | City & State | | |
| 23 | 28 | | |
| Zip / Country | Zip / Country | | |
| 24 / 25 | 29 / 30 | | |

**9. Name and Address of Current Registered Agent**

GUITARD, PAUL
C/O TOWN & COUNTRY TITLE G&E
3200 UNIVERSITY DR, SUITE 209
CORAL SPRINGS FL 33065

**10. Name and Address of New Registered Agent**

| 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 **PSD** | ☐ DELETE | 1.1 TITLE | ☐ Change   ☐ Addition |
| NAME **GUITARD, PAUL** | | 1.2 NAME | |
| STREET ADDRESS **2470 SE 11TH ST** | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP **POMPANO BEACH FL 33062** | | 1.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 2.1 TITLE | ☐ Change   ☐ Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change   ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change   ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change   ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change   ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99
Date

954-752-811
Daytime Phone #