

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Cecilia B. Morrison
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 10:56

DOCUMENT # 151859 (6)

1. Corporation Name

GUARDIAN TITLE AND ABSTRACT COMPANY

Principal Place of Business

1800 FOREST HILL BLVD.
SUITE B8
WEST PALM BEACH FL 33406

Mailing Address

1800 FOREST HILL BLVD.
SUITE B8
WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/01/1947

3a. Date of Last Report

02/10/1994

4. FBI Number

59-0575986

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 has liability for intangible tax under s. 199.002,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 1976 So. Congress Ave.

2a. Mailing Address

26 1976 So. Congress Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 West Palm Beach, FL

City & State

28 West Palm Beach, FL

Zip

24 33406

Country

25 Palm Beach

Zip

29 33406

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

EZZES, HAROLD
2485 CARAMBOLA RD.
WEST PALM BEACH FL 33406

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS
NAME EZZES, HAROLD
STREET ADDRESS 2485 CARAMBOLA RD.
CITY-ST-ZIP WEST PALM BEACH FL

TITLE T
NAME EZZES, NANCY
STREET ADDRESS 2485 CARAMBOLA RD.
CITY-ST-ZIP WEST PALM BEACH FL

TITLE VD
NAME EZZES, HENRY
STREET ADDRESS 2485 CARAMBOLA RD.
CITY-ST-ZIP WEST PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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:

Harold Ezzes
HAROLD EZZES

6/15/95 407-9641565
Date Daytime Phone