FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name 665739

(9)

CAPITAL TITLE COMPANY OF WEST PALM BEACH

Principal Place of Business 4400 PGA BLVD #700 PALM BCH GARDENS FL 33410 US		PO BOX 32011	Mailing Address PO BOX 32011 PALM BCH GARDENS FL 33420				
					3. Date Incorporated or Qualified 04/04/1980	3a. Date of Last Report 03/22/1995	
¬ +·		2a. Mailing Address	· · · · · · ·		4. FEI Number	Applied For	
Suite, Apt. #, etc		Suits Ant trate	Suite, Apt. #, etc.		59-2000374 Not Applicable		
Suite, Apr. #, etc 22		27	—¬		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28	28		Trust Fund Contribution	Added to Fees	
<i>Ζ</i> φ	Country Zip		Count	}	8. This corporation has liability for intangible tax under s 199.032,		
24	25 29 30 9. Name and Address of Current Registered Agent		[30]		Filorida Statutes Yes No 10. Name and Address of New Registered Agent		
	S. Panie and Address of Conten	it riegistored Agent	8	1 Name	to. Hame and Address of New A	egisteled Agent	
DEVELLE	, Albert L., III		8	Chrook Add	ress (P.O. Box Number is Not Acceptab		
	BURGH DR		6	Z Street Abdi	ress (F.O. Box Number is Not Accepted	le)	
	CH GARDENS FL 33418		8	3			
			8	4 City		■■ 85 Zip Code	
			L				
or registere familiar wit	ad agent, or both, in the State of Flori h, and accept the obligations of, Sect	da. Such change was authori	ized by the bor	poralion's boa	ration submits this statement for the pur rrd of directors. I hereby accept the appo	intment as registered agent. Lam	
SIGNATURE .	Signature: typied or protect name of registered agent	tand thu Pappi view (5	ions Regioned A	e to Septed to the park	of when recovering	DATE	
12.	OFFICERS AND DIREC				ADDITIONS/CHANGES 10 OFFI	- to the many time to the original and the second	
TITLE	PTD	DELFTE	1 1 1112			Change Addition	
NAME	DEVELLE, ALBERT L., III		1 2 NAM				
STREET ADDRESS	34 EDIN BURCH DR. PALM BCH GARDENS FL			ET ADURESS			
CITY-ST-ZIF TITLE	SD SD	DELETE	1.4 CITY 2.1 TUTL			Change Addition	
NAME	DEVELLE, JANICE C						
STREET ADDRESS	34 EDIN BURCH DR.			EL ADORESS			
CITY - ST - ZIP	DALLA BOLL CARRENO PI		2.4 CITY	-S1-21P			
TITLE	D	☐ DELETE	3 1 111;			Change Addition	
NAME			3.2 NAM:	:			
STREET ADDRESS	1615 FORUM PLACE		3.3 SIR	ET ADDRESS			
CITY - ST - ZIP	W PALM BCH FL			ST-ZIF			
TITLE			. 4 1 101:			Change Addition	
NAME CLOSEL ADDOCCO			4 2 NAM:				
STREET ADDRESS				ET ADORESS . St. Zie			
CITY - ST - ŽIF TITLE		☐ DELETE	4.4 CHY 5.1 THL			☐ Change ☐ Addition	
NAME			5 2 NAM	1			
STREET ADDRESS				ET ADDRESS			
CITY-ST ZIP			5.4.0(T)				
TITLE			6 1 1/11;	the state of the contract of t		Change Addition	
	l .						
NAME			6.2 NAM				
STREET ADDRESS				EL ADORESS			

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 andress. 5-1-96 407-6250908

SIGNATURE: Who had a signing officer on director Albert L. Develle 14