SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 PM 2:27

DOCUMENT # **G87005** **(6)**

1. Corporation Name

TRINDERMIL, INC.

Principal Place of Business	Mailing Address
5811 N.E. 14TH LANE **FORT LAUDERDALE FL 33334**	**5811 N.E. 14TH LANE** **FORT LAUDERDALE FL 33334**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/22/1983**
3a. Date of Last Report: **07/14/1994**

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

4. FEI Number: **59-2346634** ☐ 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. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MILMORE, WILLIAM H.
5811 N.E. 14TH LANE
SUITE 506
FORT LAUDERDALE FL 33334

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: *William H. Milmore* June 9, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MILMOE, WILLIAM H	12 NAME	
STREET ADDRESS	5811 N.E. 14TH LN.	13 STREET ADDRESS	
CITY ST ZIP	FT LAUDERDALE, FL 00000	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	TRINDER, EDWARD M.	22 NAME	
STREET ADDRESS	1361 WEST TERRA MAR DR.	23 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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.

SIGNATURE: *William H. Milmore*, President 6/9/95 305-491-7892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0148260 FP

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PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 PM 2:20

DOCUMENT # **G91122** **(3)**

1. Corporation Name

TOWN & COUNTRY TITLE GUARANTY OF HOLLYWOOD, INC.

Principal Place of Business	Mailing Address
6565 TAFT STREET, SUITE 101 HOLLYWOOD FL 33024	6565 TAFT STREET, SUITE 101 HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/13/1984**
3a. Date of Last Report: **02/21/1994**

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

4. FEI Number: **59-2377561** ☐ 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. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MILLS, RALPH B., III
8165 N.W. 47TH DRIVE
CORAL SPRINGS FL 33067

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 13)		
TITLE	PSD	11 TITLE		☐ Change ☐ Addition
NAME	MILLS, RALPH B. III	12 NAME		
STREET ADDRESS	8165 N.W. 47TH DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	14 CITY-ST-ZIP		
TITLE	VTD	21 TITLE		☐ Change ☐ Addition
NAME	MILLS, DANEEN S.	22 NAME		
STREET ADDRESS	8165 N.W. 47TH DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	24 CITY-ST-ZIP		
TITLE	V	31 TITLE	Delete	☑ Change ☐ Addition
NAME	MYERS, CATHERINE	32 NAME		
STREET ADDRESS	341 NW 65 AVENUE	33 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	34 CITY-ST-ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	WEISS, JAMES K	42 NAME		
STREET ADDRESS	234 SW 159TH AVENUE	43 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL 33326	44 CITY-ST-ZIP		
TITLE	V	51 TITLE	V	☑ Change ☐ Addition
NAME	ENGLE, BARBARA	52 NAME	BARBARA ENGEL	
STREET ADDRESS	8371 SW 28TH STREET	53 STREET ADDRESS	2805 MORNING GLORY LANE	
CITY-ST-ZIP	DAVIE FL 33328	54 CITY-ST-ZIP	DAVIE, FL 33328	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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.

SIGNATURE: Ralph B. Mills III Pres 6-12-95 305 963-4140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024180 CP