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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Mar 04, 1999 8:00 am Secretary of State

•	1999		DIVISION OF C	ORPORAT	IONS	Secretar	-		
	MENT # J42	2937				03-04-1999 90)173 036	***150.00	
AFFILIAT	ED TITLE CO.								
Principal Place	e of Business	Mail	ing Address			בסיקו סיקוו קוסוס ווום קונוסבו ו	פי ווקום יעורו (גוו.	וום ווקוט ונפום נופה	911 91911 1991
5909 S UNIVERSITY DR. 5909 S UNIVERSITY									
DAVIE FL 33328	3	UAVII	E FL 33328			DO NOT WR	ITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed)		[
			4 15 6 44			11/19/1986 4. FEI Number		——————————————————————————————————————	lied For
-	ace of Business	 	2a. Mailing Address			59-2740654			Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
22		27				5. Certificate of Status Desired		Fee Rec	
City & State	e	├ ──¬	City & State			6. Election Campaign Financing		\$5.00 A Added to	
Zip	Country	28	Zip	Country		Trust Fund Contribution 8. This corporation owes the cur	rent year Inf		7
24	25	29	-	30	•	Personal Property Tax.	Tom year in		No
	9. Name and Addres					10. Name and Address of New	Registered	Agent	
	261 1470111444 12			81	Name				}
STERN, WILLIAM B 4000 HOLLYWOOD BLVD, STE 710-N					Street Add	ress (P.O. Box Number is Not Accep			
HOLLYWOOD FL 33021				83	590	9 5. University	, Dr	·	
1100	L11100D 1 L 000L 1			[03	<u>'</u>				}
				∫84	City D	AVIE .	FL	85 33	328
11. Pursuant	to the provisions of Section	ons 607.0502 and 607	7.1508, Florida Statute	s, the abov	named sor	poration cultimite this statement for th	e numose of	changing its r	registered
office or n	egistered agent, or both, i m familiar with, and accep	in the State of Florida	i. Such change was au	itnorizea ov	the corporat	ion's board of directors. I hereby acco	pt the appoi	intment as reg	lizieiso
SIGNATURE	,								
	Signature, typed or printed name of	of registered agent and title if a FICERS AND DIREC		Registered Age	nt signature requir	ed when reinstating) ADDITIONS/CHANGES TO O	FFICERS AN	ND DIRECTOR	RS IN 12
TITLE	PD	FICERS AND DIREC	DELETE	1.1 TITLE		ADDITIONO/OTIANOLO TO O	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition
NAME	PHILLIPS, BONNIE L			1.2 NAME	j				}
STREET ADDRESS	5909 S UNIVERSITY	DR.		1.3 STREE	T ADDRESS	,]
CITY-ST-ZIP	DAVIE FL 33328			1.4 CITY-5	ST-ZIP			☐ Change	☐ Addition
TITLE			☐ DELETE	2.1 TITLE	ł			Change	L_ Addition (
NAME				2.2 NAME	TADDRESS	4			}
STREET ADDRESS CITY- ST- ZIP				2.4 CITY-		and the second of the second			
TITLE			☐ DELETE	3.1 TITLE				Change	Addition
NAME				3.2 NAME	}		٠		
STREET ADDRESS				3.3 STREE	TADORESS				{
CITY-ST-ZIP			□ DELETE	3.4. C/TY-	ST-ZIP			Change	Addition
IIILE			☐ DELETE	4.1 TITLE 4.2 NAME	. 1			CT Outside	
NAME STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP				4.4 CITY-5					
TITLE			☐ DELETE	5.1 TITLE			-	Change	☐ Addition {
NAME				5.2 NAME	}	•			
STREET ADDRESS	}			1	T ADDRESS		•		
CITY-ST-ZIP	 		DELETE	6.1 TITLE	51-217	<u> </u>		Charige	Addition
TITLE NAME			C precie	6.2 NAME	1			→ - · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS	}				T ADDRESS				{
CITY.ST.ZIP				6.4 CITY-					}
14 hereby o	certify that the information	supplied with this filir	ngletoes not qualify for	the exemp	tion stated in	Section 119.07(3)(i), Florida Statutes re shall have the same legal effect as	. I further ce	rtify that the in	nformation

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same regardless and that my hard and accurate and that my signature shall have the same report is followed by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a Mattachment with an address, with all other like empowered.