

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

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J75916

(3)

1. Corporation Name
SUNFIRST TITLE, INC.

Principal Place of Business
% RICHARD J. KAPLAN
1999 UNIVERSITY DR., S 402
CORAL SPRINGS FL 33071

Mailing Address
1999 UNIVERSITY DRIVE
SUITE 402
CORAL SPRINGS FL 33071-6069
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1987	3a. Date of Last Report 04/10/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2805921	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent KAPLAN, RICHARD J. 1999 UNIVERSITY DR., SUITE 402 CORAL SPRINGS FL 33071				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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KAPLAN, RICHARD J.	1.2 NAME	
STREET ADDRESS	1999 UNIVERSITY DRIVE #402	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	1.4 CITY - ST - ZIP	
TITLE	DV ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHARF, ROBERT D.	2.2 NAME	
STREET ADDRESS	1999 UNIVERSITY DRIVE #402	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	2.4 CITY - ST - ZIP	
TITLE	DVT ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WEINSTEIN, LAWRENCE	3.2 NAME	
STREET ADDRESS	1999 UNIVERSITY DRIVE #402	3.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	3.4 CITY - ST - ZIP	
TITLE	S ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WEINSTEIN, LAWRENCE	4.2 NAME	
STREET ADDRESS	1999 UNIVERSITY DRIVE #402	4.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	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 do 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD J. KAPLAN PRES

Date

Daytime Phone #

1/4/96

954-752-6575

CR2E034 (9/96)