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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J81208

(7)

STEWART TITLE OF FORT LAUDERDALE, INC.

гипсіра ғаас	re bi Business	Mailing Address				ļ.						
6610 N UNIVE	INIVERSITY DR											
SUITE 100				SUITE 100								
TAMARAC FL	33321-4000			FL 33321-4000								
US		US					3.	Date Incorporated or Qualifie	3a.	Date of Last F	Report	
									06/29/1987	1 02	2/19/1996	·
2. Principal F	lace of Business	5	2a. Mailir	ng Address					FEI Number		··········	pplied For
21 C70 Stewart Title Guaranty Co. 2 Suite, Apt #, etc.				Stewart Title Guaranty Co.				"	65-0003888			ot Applicable
				Suite, Apt. #, etc.							Additional	
				mm			5.	Certificate of Status Desired			equired	
City & Stat			City & State						· · · · · · · · · · · · · · · · · · ·	<del></del>		
<del>  </del>			L									May Be
	Florida	33607		a, riorida					Trust Fund Contribution	<u>L</u> _	Added	to Fees
Zip	,	Country	Zip		Count	-			This corporation has liability for			s. 199.032,
24 33607			29 3360		30 Hill	<u>sb</u>	porough		Florida Statutes	Yes		
		d Address of Current I	Registered	Agent				10.	Name and Address of New	Registere	d Agent	
HIC	KMAN, HAROL	.D			8	11	Name					
3401 W. CYPRESS, STE 101							C4	L. (D.	O. D. M. H. M. M.			
	MPA FL 33607		82 Street Add			ruoress (P.	O. Box Number is Not Accep	aole)				
1.79					ā	3						
					8	4	City			; and	<b>85</b> Zip	Code
<u></u>										F		
11. Persuant	to the provisions	s of Sections 607.0502 a	and 607.150	8, Florida Statuti	es, the abo	VΘ	named	corporation	submits this statement for the	purpose	of changing i	ts registered
agent La	am Iamil ar with, a	and accept the obligate	ons of, Secti	on 607.0505, Fig	orida Statut	les	the corp S.	oralion's D	oard of directors. I hereby acc	sebrine at	opointment as	registered
SIGNATURE												
SIGNATORE	Signature syperator pi	r blod name of registered againt a	and rate it applica	iton) outs	E Registered A	ger	nt signature i	required when	reinstating)	DATE		
12.		OFFICERS AND (	DIRECTORS		13.			D/G A	ODITIONS/CHANGES TO OF	ICERS AN	ND DIRECTOR	RS IN 12
1111.6	POX			<b>X</b> DELETE	1.1 TITLE	E		D/S			☐ Change	Addition
NAME	TOWNSEND	XKEKKETIKXXX			1.2 NAM	E		Rona	ıld Rentz	•		
STREET ADDRESS 1555XRALM/REACH LAKES PLADXXSLUTE/100X						1555 Palm Beach Lakes Blvd.				rd.		
<b>XX</b> TY+S1+ZIP		hB688Hb6kxxx	MARKAN	BL/L					Palm Beach, FL			
TITLE	XGDx	MANAKAAA		DELETE	1.4 CHTY 2.1 TITLE	_	1-219				Change	A statistion
		ያለውስ! <b>ጥ</b>		C' DOLECTIC	- 1			P/D			(= 4 Change	Addition
NAME	<b>YACKWAIT</b>				2.2 NAM	E						
STREET ADDRESS		CYPRESS, STE 101			2.3 STRE	ET.	ADDRESS			i.		
CHY-SI-ZIP	TAMPA FL				2. 4 CITY	/-5	ST-ZIP					
TITLE	Dx .			<b>⅓</b> DELETE	3.1 TITLE	E					☐ Change	Addition
NAME:	HIORMAN'S	IMM/XX			3.2 NAM	E						l
STREET ADDRESS	340kWxC¥	BBESS/SSEX101					ADDRESS					l
	TAMPASKX											l
CHY-S1-ZiP TILLE			·	X DELETE	3.4 CITY		1-217				I I Change	Addition
	DANCO JULI	MYG 4		FM DEFETE	4.1 TITLE						☐ Change	Addition
NAME	HAXERXIH		ATT 644		4. 2 NAM	Æ						l
STREET ADDRESS	HXXXXXX	HATHRAFTY MANUAL	PKC 201		4.3 STRE	ET /	ADDRESS					
CITY - ST - ZIP	WESTARALA	<b>XBGHX</b> FL			4.4 CITY	- \$1	T-ZIP					l
TITLE	l V₂			DELETE	5.1 TITLE	:					Change	Addition
NAME	KRAUSE, DA	ARLENE,			5.2 NAMI				1		· ·	
STREET ACCORESS		VERSITY XODEX REFORMS	Koo.				*DOOLLG					
	**************************************	<b>ŶĔŶŶĬŶĸŖĸĸĸĸĸĸ</b> ĸĸĸ	XXX				ADDRESS					l
CITY-ST-Z+	POWNYAN X	AAA		Tal perese	5.4 CITY		T-ZIP				По	1
THE	\$xx			DELETE	61 TITLE		ľ				Change	☐ Addition
NAME		NN MCKAYX			62 NAM	E				•		l
STREET ADDRESS	<b>LANK PANK</b>	rahtaki58xbby/2xs	<b>MAZE #</b> 00		63 STRE	ET A	ADDRESS					l
		LARHASIA			1							

SIGNATURE:

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 supplied ental 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 of the regiver 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 obtain attachment with an address. 813-8760619

**FILED** 

Feb 28 1997 8:00am

Secretary of State