SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** K18136 (7)BOCA RATON TITLE INSURANCE COMPANY, INC. Mailing Address Principal Piace of Business 2424 NORTH FEDERAL HIGHWAY 2424 NORTH FEDERAL HIGHWAY SUITE 314 SUITE 314 BOCA RATON FL 33431 3a. Date of Last Report 3. Date incorporated or Qualified **BOCA RATON FL 33431** 06/12/1995 03/15/1988 Applied For FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0037562 26 21 \$8.75 Additional Certificate of Status Desired Suite, Apt. #, etc. Suite, Apt. #. etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intang-ble tax under s. 199 032 Country Country Zip Yes 🔲 No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent B1 Name KEELEY JOSEPH F Street Address (P.O. Box Number is Not Acceptable) 2424 N FEDERAL HWY S314 83 **BOCA RATON FL 33431** Zip Code в5 84 City 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 circular Vietness and the purpose of the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. CATE (NOTE: Bugintered Agent signature required when reinstiting) SIGNATURE Styrature, typed or proved many of regulated agent and the disopte star ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 13. Change 12 DELETE 11 THLE TITLE CR2E034 KEELEY, JOSEPH F. NAME 1.3 STREET ADDRESS 2424 N FEDERAL HWY. STREET ADDRESS 1.4 CHY-ST-ZIP **BOCA RATON FL** Change Addition CITY-ST-ZIP DELETE 21 TITLE TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST- ZIP Change Addition CITY - ST - ZIE DELETE 31 THILE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY ST-ZIP Change Addition CITY - ST - ZIP DELFTE 4 I TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 5 1 117 (2 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP Change Addition CITY - ST - ZIF DELETE 61 TITLE TITLE 6 2 NAME 6.3 STREET ADDRESS STREET ADDRESS 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)(k). Florida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my's griature 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address 6.4 CHY-ST-7/P

OFFICER OR DIRECTOR

0089632

SIGNATURE: