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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1 29651

CERTIFIED TITLE SERVICES, INC.

FILED Feb 10, 1999 8:00am Secretary of State

02-10-1999 90033 029 ***150.00



							<u> </u>		KANA BABAN BABUH BA	EN DIEN HED	
Principal Place of Business Mailing Address											
% SHERYL CANTOR			% SHERYL CANTOR					•	• .		
2526 JORDAN DRIVE			2526 JORDAN DRIVE				DO NOT WRITE IN THIS SPACE				
FT LAUDERDALE FL 33327			FT LAUDERDALE FL 33327 US				3. Date Incorporated or Qualifed				
US		UG	•				11/15/1989	•		,	i
2 Drivated DI	and of Business	2a	. Mailing Address				4. FEI Number		App	olied For	5.3
2. Principal Place of Business			, maining , rouse and				65-0155108		No	Applicable	, .
Suite, Apt. #, etc.			Suite, Apt. #, etc.						\$8.75 A	dditional	i,
Suite, Apr. #, etc.			Como, ripir ii, cici				5. Certifcate of Status I	Desired	Fee Re	quired	ĺ
City & State			City & State				6. Election Campaign F	Financing _	\$5.00	May Be	İ
¬ '	;	28	Ony a State				Trust Fund Contribut	- 1	Added to	· · · · · · · · · · · · · · · · · · ·	İ
23	Country	201	Zip	Cou	intry		8. This corporation owe	es the current year In	tangible		İ
Zip		29	Lip	30			Personal Property Ta			□No	İ
24	9. Name and Address of Curre		stered Agent	30	ı		10. Name and Address		Agent		
· ·	9. Name and Address of Curre	in Negi	storco Agont		81	Name					
CAND	TOD SHEDVI A				82				#A * * * * * * * * * * * * * * * * * * *		{
CANTOR, SHERYL A. 2526 JORDIN DRIVE						Street Add	ress (P.O. Box Number is N	lot Acceptable)	7. A. T.		
SUITE 219							1 4 5 1 15				1
FT LAUDERDALE FL 33327						City		· · · · · · · · · · · · · · · · · · ·	85 Zip (Code (***)	
	to the provisions of Sections 607.05				84			<u> </u>	<u>- . </u>		1
	egistered agent, or both, in the State m familiar with, and accept the oblig	ations o	f, Section 607.0505, F	lorida Stat	utes	i.	ed when reinstating)	DATE			6
Signature, typed or printed name of registered agent and title if applicable. (N 12. OFFICERS AND DIRECTORS			13.	•	n agratoro rogani	ADDITIONS/CHANGE	ES TO OFFICERS A	ND DIRECTO	RS IN 12] ξ	
		IND OIL	DELETE	1.1 T			3.7.47.66		Change	Addition] 3
TITLE	P CANTON OUTDING A		_	1.2 N			the state of the s	1,24		•	3
NAME	CANTOR, SHERYL A.					T ADDRESS			**		١
STREET ADDRESS	2526 JARDIN DRIVE										5
CITY-ST-ZIP	FT LAUDERDALE FL 33327		☐ DELETE	2.1 T		T-ZIP			Change	☐ Addition	(
TITLE	VP			- 1				e de la company			1
NAME	CANTOR, KATHY R			2.2 N							1
STREET ADDRESS	2543 EAGLE RUN DRIVE			- 1		TADDRESS				•	
CITY-ST-ZIP	WESTON FL 33327					ST-ZIP			Change	Addition	1
TITLE			☐ DELETE	3.1 T		1					ļ
NAME	÷.			3.2 N	IAME						1
STREET ADDRESS				3.3 8	TREE	TADDRESS			3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
CITY-ST-ZIP	19					ST-ZIP			☐ Change		-
TITLE	·		☐ DELETE	4.1 T	TTLE		, , , , , , , , , , , , , , , , , , , ,	, e i e i e i e i e i e i e i e i e i e	r Change	· · Distributi	1
NAME				4. 21	NAME		1				
STREET ADDRESS				4.3 9	TREE	TADDRESS					
CITY-ST-ZIP				4.4 (CITY-S	ST- ZIP		- , ,			-
TITLE			☐ DELETE	5.17	TILE		•	•	Change	☐ Addition	
NAME .				5.2 N	AME					•	1
STREET ADDRESS				5.3 8	STREE	T ADDRESS	•				.
CITY-ST-ZIP	:			5.4 (CITY-S	ST-ZIP	**				_ ∶
TITLE	V.		☐ DELETÉ	6.1	TILE				☐ Change	☐ Addition	']
NAME				6.21	NAME	1					
				6.3 5	STREE	T ADDRESS					
STREET ADDRESS	T 40			641	CITY. 5	ST-ZIP					

14. I 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10199 (954)

(954)349-3426 Daytime Phone # (2E034 (11/98)