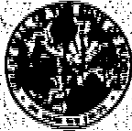


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L71143 (6)

1. Corporation Name

PALM BEACH JOINT TITLE PLANT, INC.

Principal Place of Business

2393 S. CONGRESS AVENUE
WEST PALM BEACH FL 33406

Mailing Address

2393 S. CONGRESS AVENUE
WEST PALM BEACH FL 33406

FILED
95 JUL 19 AM 11:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/07/1990

3a. Date of Last Report

05/01/1994

4. FBI Number

65-0201064

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KNEEN, JEFFREY D.
1400 CENTREPARK BLVD.
WEST PALM BEACH FL 33401

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DST
NAME	GLASS, MIKE
STREET ADDRESS	1489 N. MILITARY TRL.
CITY - ST - ZIP	WEST PALM BCH FL
TITLE	D
NAME	HALL, BRUCE
STREET ADDRESS	3111 S. DIXIE HWY, #106
CITY - ST - ZIP	WEST PALM BCH FL
TITLE	DV
NAME	TOWNSEND, KEN
STREET ADDRESS	2300 PALM BCH LAKES BLVD
CITY - ST - ZIP	WEST PALM BCH FL
TITLE	D
NAME	GREENFIELD, BRUCE
STREET ADDRESS	200 ROYAL PALM BCH BLVD
CITY - ST - ZIP	ROYAL PALM BCH FL
TITLE	D
NAME	CARABELLO, JIM
STREET ADDRESS	ROARK, SHAUN
CITY - ST - ZIP	BOCA RATON FL
TITLE	D
NAME	BELLAMY, GLENDA
STREET ADDRESS	2161 PALM BCH LAKES BLVD
CITY - ST - ZIP	WEST PALM BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP
1.2 NAME	HERBERT G. SWAN
1.3 STREET ADDRESS	2393 SOUTH CONGRESS AVENUE
1.4 CITY - ST - ZIP	WEST PALM BEACH, FL 33406
2.1 TITLE	D
2.2 NAME	ANDY MILLER
2.3 STREET ADDRESS	3111 S. DIXIE HIGHWAY #106
2.4 CITY - ST - ZIP	WEST PALM BEACH, FL
3.1 TITLE	D
3.2 NAME	ROGER GAMBLIN
3.3 STREET ADDRESS	1897 PALM BEACH LAKES BLVD.
3.4 CITY - ST - ZIP	WEST PALM BEACH, FL 33409
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	D
5.2 NAME	JOHN STANDISH
5.3 STREET ADDRESS	902 CLINT MOORE ROAD #132
5.4 CITY - ST - ZIP	BOCA RATON, FL 33487
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), Florida Statutes. I further certify that the information included 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Herbert G. SWAN

Date

Daytime Phone #

7-12-95

407-433-0515

CR2E034 (3/95)