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

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

DOCUMENT # L71143 (6)

1. Corporation Name
PALM BEACH JOINT TITLE PLANT, INC.

Principal Place of Business	Mailing Address
2393 S. CONGRESS AVENUE WEST PALM BEACH FL 33406	2393 S. CONGRESS AVENUE WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/07/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0201064 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$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	10. Name and Address of New Registered Agent
KNEEN, JEFFREY D. 1400 CENTREPARK BLVD. WEST PALM BEACH FL 33401	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DST	1.1 TITLE	DP	☐ Change XX Addition
NAME	GLASS, MIKE	1.2 NAME	HERBERT G. SWAN	
STREET ADDRESS	1489 N. MILITARY TRL.	1.3 STREET ADDRESS	2393 SOUTH CONGRESS AVENUE	
CITY-ST-ZIP	WEST PALM BCH FL	1.4 CITY-ST-ZIP	WEST PALM BEACH,FL 33406	
TITLE	D	2.1 TITLE	D	XXX Change ☐ Addition
NAME	HALL, BRUCE	2.2 NAME	ANDY MILLER	
STREET ADDRESS	3111 S. DIXIE HWY, #108	2.3 STREET ADDRESS	3111 S. DIXIE HIGHWAY #106	
CITY-ST-ZIP	WEST PALM BCH FL	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL	
TITLE	DV	3.1 TITLE	D	☐ Change XX Addition
NAME	TOWNSEND, KEN	3.2 NAME	ROGER GAMBLIN	
STREET ADDRESS	2300 PALM BCH LAKES BLVD	3.3 STREET ADDRESS	1897 PALM BEACH LAKES BLVD.	
CITY-ST-ZIP	WEST PALM BCH FL	3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	GREENFIELD, BRUCE	4.2 NAME		
STREET ADDRESS	200 ROYAL PALM BCH BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BCH FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☐ Change XX Addition
NAME	CARABELLO, JIM	5.2 NAME	JOHN STANDISH	
STREET ADDRESS	ROARK, SHAUN	5.3 STREET ADDRESS	902 CLINT MOORE ROAD #132	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	BELLAMY, GLENDA	6.2 NAME		
STREET ADDRESS	2161 PALM BCH LAKES BLVD	6.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH FL	6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: Herbert G. Swan 7-12-95 407-433-0515
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0092429 CF