

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L71143 (6)

PALM BEACH JOINT TITLE PLANT, INC.

Principal Place of Business	Mailing Address
2701 GATEWAY DR. POMPANO BEACH FL 33069 US	2701 GATEWAY DR. POMPANO BEACH FL 33069 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	3900 Woodlake Blvd.	26	3900 Woodlake Blvd.
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	Suite 312	27	Suite 312
City & State		City & State	
23	Greenacres, FL	28	Greenacres, FL
Zip	Country	Zip	Country
24	33463	25	Palm Beach
29	33463	30	Palm Beach

3. Date Incorporated or Qualified		05/07/1990	
4. FEI Number		Applied For	
65-0201064		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75	Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00	May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes	<input type="checkbox"/> No

g. Name and Address of Current Registered Agent		81	Name
KNEEN, JEFFREY D. 1400 CENTREPARK BLVD. WEST PALM BEACH FL 33401		82	Street Address
		83	
		84	City

10. Name and Address of New Registered Agent

is (P.O. Box Number is Not Acceptable)

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 reinsulating)

DATE _____

12.		OFFICERS AND DIRECTORS	13.	
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	
NAME	SWAN, HERBERT G		1.2 NAME	
STREET ADDRESS	2701 GATEWAY DR		1.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL		1.4 CITY - ST - ZIP	
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	KASTRANAKAS, PIA		2.2 NAME	
STREET ADDRESS	3111 S. DIXIE HWY, #108		2.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BCH FL		2.4 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME	HICKMAN, HAROLD		3.2 NAME	
STREET ADDRESS	3401 CYPRESS ST., #203		3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL		3.4 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME	TYSON, DARRYL J		4.2 NAME	
STREET ADDRESS	14100 NW 58TH CT		4.3 STREET ADDRESS	
CITY - ST - ZIP	MAAMI LAKES FL		4.4 CITY - ST - ZIP	
TITLE	DST	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME	GLASS, MIKE		5.2 NAME	
STREET ADDRESS	1489 N MILITARY TRAIL		5.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL		5.4 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	
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	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
D GAMBLIN, ROGER 1897 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL. 33409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D MARIE JOHNSON 3111 S. DIXIE HWY, #106 WEST PALM BEACH, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D GREENFIELD, BRUCE 200 ROYAL PALM BEACH BLVD. ROYAL PALM BCH, FL 33451	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 in an attachment with an address.

SIGNATURE: *Herb Swan* Herb SWAN 4-29-98 954-971-2200

CP2E034 (10/97)