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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90119 013 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L71143

1. Corporation Name

PALM BEACH JOINT TITLE PLANT, INC.

Principal Place of Business

**3900 WOODLAKE BLVD
STE 312
GREENACRES FL 33463
US**

Mailing Address

**3900 WOODLAKE BLVD
STE 312
GREENACRES FL 33463
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1990

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **GAMBLIN, ROGER**
STREET ADDRESS **1897 PALM BEACH LAKES BLVD**
CITY-ST-ZIP **W PALM BEACH FL 33409**

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **Greenfield, Bruce**
1.3 STREET ADDRESS **685 Royal Palm Beach Blvd, #101**
1.4 CITY-ST-ZIP **Royal Palm Beach, FL**

TITLE **D** ☒ DELETE
NAME **JOHNSON, MARIE**
STREET ADDRESS **3111 S DIXIE HWY STE 106**
CITY-ST-ZIP **W PALM BEACH FL**

2.1 TITLE **DP** ☒ Change ☐ Addition
2.2 NAME **Glass, Mike**
2.3 STREET ADDRESS **1555 Palm Beach Lakes Blvd, #1000**
2.4 CITY-ST-ZIP **West Palm Beach, FL**

TITLE **D** ☐ DELETE
NAME **GREENFIELD, BRUCE**
STREET ADDRESS **200 ROYAL PALM BEACH BLVD**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33431**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **McCormick, Mike**
3.3 STREET ADDRESS **2701 Gateway Dr**
3.4 CITY-ST-ZIP **Pompano Beach, FL**

TITLE **D** ☒ DELETE
NAME **TYSON, DARRYL J**
STREET ADDRESS **14100 NW 58TH CT**
CITY-ST-ZIP **MAIMI LAKES FL**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Jannen, Kathleen**
4.3 STREET ADDRESS **One Financial Plaza, #105**
4.4 CITY-ST-ZIP **Ft. Lauderdale, FL**

TITLE **DST** ☐ DELETE
NAME **GLASS, MIKE**
STREET ADDRESS **1489 N MILITARY TRAIL**
CITY-ST-ZIP **WEST PALM BEACH FL**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Kastrnakes, Pia**
5.3 STREET ADDRESS **2700 PGA Blvd, #106**
5.4 CITY-ST-ZIP **Palm Beach Gardens, FL**

TITLE **D** ☐ DELETE
NAME **BELLAMY, GLENDA**
STREET ADDRESS **2161 PALM BCH LAKES BLVD**
CITY-ST-ZIP **WEST PALM BCH FL**

6.1 TITLE **VPP** ☐ Change ☒ Addition
6.2 NAME **Elms, Eileen**
6.3 STREET ADDRESS **1555 Palm Beach Lakes Blvd., #1000**
6.4 CITY-ST-ZIP **West Palm Beach, FL**

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

Date

Daytime Phone #

CR2E034 (11/98)