## 2004 FOR PROFIT CORPORATION

## Aug 05, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # M90196 08-05-2004 90001 047 \*\*\*550.00 SUN TITLE & ABSTRACT CO. OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 261 E PALMETTO PARK RD 261 E PALMETTO PARK RD BOCA RATON, FL 33432 BOCA RATON, FL 33432 54066808 3. Mailing Address 2. Principal Place of Business 4010 57 AVE So Suite, Apt. #, etc. Suite, Apt. #, etc. 08032004 · Cha-P CR2E034 (10/03) StF 104 City & State City & State 4 FEI Number Applied For FL WORTH AKE 65-0060776 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33463 US Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRANCIS R MCAIONAN JR. HAGGERTY, DANIEL L. Street Address (P.O. Box Number is Not Acceptable) 261 E PALMETTO PARK RD BOCA RATON, FL 33432 # 104 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 8/2/04 SIGNATURE\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DPS DPS FRANCIS R MCAIDNAN IR. Change TITLE TITLE Delete HAGGERTY, DANIEL NAME NAME 1040 57 AVE SO. # 104 261 E PALMETTO PARK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP LAKE WORTH, FI 33463 ĐΛ Delete TITLE TITLE ☐ Addition DARLENE STAUFFER 7415 NW 57 STREET NOTESTEIN, BONNIE P. NAME NAME STREET ADDRESS 261 E PALMETTO PARK RD STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP TAMATAC 33319 ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Detete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with the fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/04 561. 433.5210
Davine Phone #

FILED