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Replacement Annual Report

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
~~1994~~ 1996

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
HILLSBORO BEACH TITLE & ESCROW, INC.

DOCUMENT # M94926 (6)

Mailing Address
~~600 S. FEDERAL HWY #217~~ 811 E. Hillsboro Blvd
DEERFIELD BEACH FL 33441

Principal Place of Business
~~600 S. FEDERAL HWY #217~~ 811 E. Hillsboro Blvd.
DEERFIELD BEACH FL 33441

Note: If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 08/18/1988
3a. Date of Last Report: 06/16/1993
4. FEI Number: 65-0076030
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
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
~~Orlean~~
~~OSBORNE~~, CAROL A.
~~600 S. FEDERAL HWY~~ 811 E. Hillsboro Blvd
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent
81 Name: Orlean Osborne, Carol A.
82 Street Address (P.O. Box Number Is Not Acceptable): 811 E. Hillsboro Blvd
83
84 City: Deerfield Beach FL 85 Zip Code: 33441

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE 10/30/96
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

1.1 TITLE P
1.2 NAME ~~OSBORNE~~, CAROL A.
1.3 STREET ADDRESS ~~600 S. FEDERAL WAY #217~~ 811 E Hillsboro Blvd
1.4 CITY-ST-ZIP DEERFIELD BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Orlean ~~Osborne~~, Carol A
1.3 STREET ADDRESS 811 E. Hillsboro Blvd.
1.4 CITY-ST-ZIP Deerfield Beach, Fl

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
300002001013--5
-11/08/96--01109--005
****225.00 ****225.00

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 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

10-4-96

SIGNATURE: CAROL A. ORLEAN (305)480-6990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #