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Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000060752 (1)

1. Corporation Name

INDEPENDENT TITLE OF ST. AUGUSTINE, INC.



Principal Place of Business

Mailing Address

2692 US 1 SOUTH
STE 203
ST. AUGUSTINE FL 32086
US

2692 US 1 SOUTH
STE 203
ST. AUGUSTINE FL 32086-6191
US

2. Principal Place of Business

21 2676 US 1 South

Suite, Apt. #, etc.

22 City & State

23 ST Augustine FL

24 Zip

32086

25 Country

US

2a. Mailing Address

26 2676 US 1 South

Suite, Apt. #, etc.

27 City & State

28 ST Augustine FL

29 Zip

32086

30 Country

US

3. Date Incorporated or Qualified

08/27/1993

3a. Date of Last Report

04/16/1996

4. FEI Number

59-3013278

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

GRAUBARD, ROBERT M
2692 US 1 SOUTH
STE 203
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name

Robert M Graubard

82 Street Address (P.O. Box Number is Not Acceptable)

83

2676 US 1 South

84 City

ST Augustine

FL

85 Zip Code

32086

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

Robert M Graubard

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ST
STREET ADDRESS GRAUBARD, ROBERT M
CITY-ST-ZIP 2626 US 1 SOUTH SUITE 203
ST AUGUSTINE FL

TITLE ☐ DELETE

NAME P
STREET ADDRESS GESELL, PAMELLA
CITY-ST-ZIP 2626 US 1 SOUTH SUITE 203
ST AUGUSTINE FL

TITLE ☐ DELETE

NAME V
STREET ADDRESS KELLER, DEBORAH
CITY-ST-ZIP 2626 US 1 SOUTH SUITE 203
ST AUGUSTINE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 employed 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:

Robert M Graubard

4/1/97

904-797-5577

CR2E034 (9/96)