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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000072411

1. Corporation Name

OCEAN TITLE, INC.

Principal Place of Business

Mailing Address

2600 N.E. 14TH ST. CAUSEWAY POMPANO BEACH FL 33062

2600 N.E. 14TH ST. CAUSEWAY POMPANO BEACH FL 33062

FILED Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90012 010 ***150.00



DO NOT WRITE IN THIS SPACE

					5011011111111111		
					Date Incorporated or Qualifed 10/19/1993		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ar	plied For
21 26					NOT APPLICABLE		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75	Additional
27					5. Certifcate of Status Desired	Fee Ro	equired ,
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 28					Trust Fund Contribution		to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current year Inta	ngible	
24	25	29 3	آ آ		Personal Property Tax. Yes No		□No
24	9. Name and Address of Currer		<u>, </u>		10. Name and Address of New Registered A	gent	
	<u> </u>		81	Name			
EMA, CHRISTOPHER J							
2600 N.E. 14TH ST. CAUSEWAY				82 Street Address (P.O. Box Number is Not Acceptable)			
POMPANO BEACH FL 33062							
. 5111			83				
			84	4 City	FL	85 Zip	Code
					· · · · · · · · · · · · · · · · · · ·		Foointeed
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was auti	norizea bi	v ine coroorau	poration submits this statement for the purpose of con's board of directors. I hereby accept the appoin	tment as re	gistered
agent. I a	m iamiliar with, and accept the obliga	anons of, Section 607.0005, Florid	io cialule	. .			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Re	egistered Age	ent signature require	ed when reinstating) DATE		
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	DPST	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	EMA, CHRISTOPHER J		1.2 NAME				
STREET ADDRESS	ADDRESS 2600 N.E. 14TH ST. CAUSEWAY			ET ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33062		1,4 CITY-ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE	-		☐ Change	☐ Addition
NAME			2.2 NAME	.			
	,		I.	ET ADDRESS			
STREET ADORESS			2. 4 CITY-		·		
CITY-ST-ZIP		☐ DELETE	3.1 TITLE			Change	[] Addition
TITLE			3.2 NAME	,			_
NAME			•	ì			
STREET ADDRESS			1	ET ADDRESS			
CITY-ST-ZIP		Christi	3.4. CITY-			Change	Addition
TITLE .		☐ DELETÉ	4.1 TITLE			LJ Ontarigo	
NAME			4. 2 NAME				
STREET ADDRESS	•		4.3 STREE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE	. =- ·	☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME	.			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	1		Change	Addition
NAME			6.2 NAME	:			
			6.3 STRF	ET ADORESS			
STREET ADDRESS	•		6.4 CITY-				
CITY-ST-ZIP			D.A CHIY-	01-4IF			

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, of on an adaption of the corporation of the corpo

SIGNATURE:

ATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99 (954)785-1900

-- CR2E034 (11/98)