

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000074811 (9)

1. Corporation Name

ANCHOR TITLE COMPANY OF PALM BEACH COUNTY



Principal Place of Business

13857 WELLINGTON TRACE
SUITE D-1
WEST PALM BEACH FL 33414

Mailing Address

13857 WELLINGTON TRACE
SUITE D-1
WEST PALM BEACH FL 33414

2. Principal Place of Business

2a. Mailing Address

21 12769 W. Forest Hill Blvd.

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite E

27

City & State

City & State

23 Wellington FL

28

Zip 33414

Country US

Zip

Country

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/28/1993

3a. Date of Last Report
01/13/1995

4. FET Number
65-0448318

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

10. Name and Address of New Registered Agent

PORRO, HILDA M
13857 WELLINGTON TRACE
SUITE D-1
WEST PALM BEACH FL 33414

81 Name

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

12769 W. Forest Hill Blvd

83 Suite E

84 City Wellington FL 33414

FL

85 Zip Code 33414

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

Hilda M Porro
Signature, typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent's signature required when reappointing)

4/2/96
(Date)

12. OFFICERS AND DIRECTORS

TITLE D
NAME PORRO, HILDA M
STREET ADDRESS 13857 WELLINGTON TRACE, SUITE D-1
CITY-ST-ZIP WEST PALM BEACH FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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

12769 W. Forest Hill Blvd, Suite E
Wellington FL 33414

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

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96 (907) 798-1480
(Date) (Daytime Phone #)

CR2E034 (12/95)