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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P93000076658

ALL FLORIDA TITLE COMPANY, INC.

FLORIDA DEPARTMENT OF STATE

Secretary of State

Katherine Harris

DIVISION OF CORPORATIONS

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90038 013 ***150.00

Principal Plac	e of Business	Mailing Address				dala a tin a a tina	81101 (Bil 104)
'		1 E BROWARD BLVD					
1 E BROWARD BLVD 1 E BROWARD BLVD SUITE 1500 SUITE 1500							
FT LAUDERDAEL F 33301 FT LAUDERDAEL FL 33301					DO NOT WRITE IN THIS SPACE		
US US				3. Date Incorporated or Qualifed			
					11/05/1993		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21		26			65-0446500	No	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			- 0 ** / 10 / 10 / 1	\$8.75 A	dditional
22		27			5. Certifcate of Status Desired	Fee Re	quired
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	Mav Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	/	8. This corporation owes the current year Inta		
24	25	29	30		Personal Property Tax.	☐ Yes	No
•	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
MAD	OC DUOTON II CCO		81	Name			}
MARS, BURTON H ESQ ONE E BROWARD BLVD			82	Street A	Address (P.O. Box Number is Not Acceptable)		
SUITE 1500			83				
FT LAUDERDALE FL 33301			83			2	
Tr Endelhonee Te dodd'				City	FL	85 Zip C	ode
office or r	egistered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change was au	thorized by	the corpo	corporation submits this statement for the purpose of ration's board of directors. I hereby accept the appoin	ntment as reg	gistered
SIGNATURE	Signature, typed or printed name of registered agent		Registered Age	nt signature re	quired when reinstating) DATE	-	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I		nt signature re		D DIRECTO	 RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: I	Registered Age	nt signature re	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
12. TITLE	OFFICERS AND	and title if applicable. (NOTE: I	13. 1.1 TITLE	nt signature re	ADDITIONS/CHANGES TO OFFICERS AN P AND D		
12. TITLE NAME	OFFICERS AND D MARS, BURTON H	and little if applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFICERS AN P AND D MARS, BURTON H.		
12. TITLE NAME STREET ADDRESS	OFFICERS AND D MARS, BURTON H 1 E BROWARD BLVD SUITE 15	and little if applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME 1.3 STREE	T ADDRESS	P AND D MARS, BURTON H. ONE E. BROWARD BLVD., SUITE 1500		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D MARS, BURTON H	and title if applicable (NOTE: I D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	T ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND PAND DMARS, BURTON H. ONE E. BROWARD BLVD., SUITE 1500 FORT LAUDERDALE, FL 33301	★ Change	
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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 tristee 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, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

954 765 1911

☐ Change

☐ Addition