


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

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

02-21-1999 90038 013 \*\*\*150.00

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|---|--|---|---|--|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>  |  |  |   | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # P93000076658</b>  |  |   |   |  |  |
| 1. Corporation Name<br><b>ALL FLORIDA TITLE COMPANY, INC.</b>   |  |   |   |  |  |
| Principal Place of Business<br><b>1 E BROWARD BLVD<br/>SUITE 1500<br/>FT LAUDERDALE F 33301<br/>US</b>  |  |   | Mailing Address<br><b>1 E BROWARD BLVD<br/>SUITE 1500<br/>FT LAUDERDALE FL 33301<br/>US</b> |  |  |
| 2. Principal Place of Business  |  | 2a. Mailing Address   |   | 3. Date Incorporated or Qualified  |  |
| 21. Suite, Apt. #, etc.   |  | 26. Suite, Apt. #, etc.   |   | 11/05/1993   |  |
| 22. City & State  |  | 27. City & State  |   | 4. FEI Number  |  |
| 23. Zip   |  | 28. Zip   |   | 65-0446500   |  |
| 24. Country   |  | 29. Country   |   | 5. Certificate of Status Desired   |  |
| 25. Country   |  | 30. Country   |   | <input type="checkbox"/> \$8.75 Additional Fee Required  |  |
| 26. Country   |  | 31. Country   |   | 6. Election Campaign Financing   |  |
| 27. Country   |  | 32. Country   |   | <input type="checkbox"/> \$5.00 May Be Added to Fees   |  |
| 28. Country   |  | 33. Country   |   | 8. This corporation owes the current year Intangible Personal Property Tax.                              |  |
| 29. Country   |  | 34. Country   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                      |  |
| 9. Name and Address of Current Registered Agent   |  |   | 10. Name and Address of New Registered Agent  |  |  |
| <b>MARS, BURTON H ESQ<br/>ONE E BROWARD BLVD<br/>SUITE 1500<br/>FT LAUDERDALE FL 33301</b>  |  |   | 81. Name  |  |  |
|   |  |   | 82. Street Address (P.O. Box Number is Not Acceptable)                                      |  |  |
|   |  |   | 83. City  |  |  |
|   |  |   | 84. Zip Code  |  |  |
| 85. State   |  |   | 86. State   |  |  |
| FL  |  |   | FL  |  |  |
| 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. (NOTE: Registered Agent signature required when reinstating) DATE   |  |   |   |  |  |
| 12. OFFICERS AND DIRECTORS  |  |   |   |  |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |   |   |  |  |
| 1.1 TITLE   |  |   |   |  |  |
| 1.2 NAME  |  |   |   |  |  |
| 1.3 STREET ADDRESS  |  |   |   |  |  |
| 1.4 CITY-ST-ZIP   |  |   |   |  |  |
| 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   |  |   |   |  |  |



DO NOT WRITE IN THIS SPACE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-99 954 765 1911

CR2E034 (1/98)