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

Mailing Address

2 S UNIVERSITY DR SUITE 200

PLANTATION FL 33324

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

incipal Place of Business

UNIVERSITY DR

INTATION FL 33324

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OCUMENT # P9400066967

Corporation Name

ATLANTIC COAST TITLE, INC.

PLANTATION FL 33324

09/08/1994 4. FEI Number Applied For 2a. Mailing Address Principal Place of Business 65-0520476 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 6. Election Campaign Financing City & State City & State \$5.00 May Be \Box Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes the current year Intangible □No Personal Property Tax. 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DeCarlo, Gioia Street Address (P.O. Box Number is Not Acceptable) LYNCH, ROSEANNE N 82 2 S UNIVERSITY DR 4984 N. Pine Island Road SUITE 200 83 PLANTATION FL 33324 City Zip Code 84 33351 <u>Lauderhill</u> Pursuant to the previsions 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. **GNATURE** (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TrChange XDELETE VTD 1.1 TITLE DeCarlo, Gioia týnch, roseanne n 1.2 NAME 4984 N. Pine 2 S UNIVERSITY DR SUITE 200 1.3 STREET ADDRESS REET ADDRESS Lauderhill, FL 33351 PLANTATION FL 33324 1.4 CITY-ST-ZIP Y-ST-ZIP XChange ☐ Addition X DELETE 2.1 TITLE LΕ Knoerr, Linda M. 4984 N. Pine Island Road LYNCH, JOHN 2.2 NAME ME 2 \$ UNIVERSITY DR 2.3 STREET ADDRESS REET ADDRESS

2. 4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

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3.1 TITLE

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5.2 NAME

6.1 TITLE

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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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

GNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR

5/19/9.9 Date

Lauderhill, FL

Daytime Phone #

Change

☐ Change

[ii] Change

☐ Change

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FILED

Sep 15, 1999 8:00 am Secretary of State

09-15-1999 90004 011 ***550.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

CR2E034 (11/98)