

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90193 028 ***150.00

DOCUMENT # P94000069179

1. Corporation Name

IDEAL TITLE & ESCROW COMPANY

Principal Place of Business

18999 BISCAYNE BLVD.
SUITE 204-A
AVENTURE FL 33180
US

Mailing Address

18999 BISCAYNE BLVD.
SUITE 204-A
AVENTURE FL 33180
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1994

4. FEI Number

65-0525612

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

AVENTURA

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

AVENTURA

29 Zip

Country

9. Name and Address of Current Registered Agent

WOLIS, DAVID
2015 NE 197TH TERR
NORTH PALM BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name

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

83

84 City NORTH Miami Beach FL

85 Zip Code

33179

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

2/8/91

12. OFFICERS AND DIRECTORS

TITLE DPS ☐ DELETE

NAME NEMSER, SARALYN
STREET ADDRESS 18999 BISCAYNE BLVD. STE 204-A
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

TITLE DVT ☐ DELETE

NAME WOLIS, DAVID
STREET ADDRESS 18999 BISCAYNE BLVD. STE 204-A
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME ☒ Change ☐ Addition

1.3 STREET ADDRESS ☒ Change ☐ Addition

1.4 CITY-ST-ZIP AVENTURA ☒ Change ☐ Addition

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME ☒ Change ☐ Addition

2.3 STREET ADDRESS ☒ Change ☐ Addition

2.4 CITY-ST-ZIP AVENTURA ☒ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/91

Date

305-935-5411

Daytime Phone #

CR2E034 (11/98)

02/5513