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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name P94000072645 (2)

PROFESSIONAL TITLE AND ABSTRACT COMPANY OF FLORI DA, INC.

FILED May 01 1996 8:00 am Secretary of State



	Ducinosa			•	
Principal Place of 2627 NE 203RD	Esusiness ST SUITE 204	Mailing Address 2627 NE 203RD ST SU	IITE 204		
	BEACH FL 33180	NORTH MIAMI BEACH F			
				3. Date Incorporated or Qualified	3a. Date of Last Report
				10/04/1994	05/01/1995
Principal Place		2a. Mailing Address	· 1- 0 C.A	4. FEI Number	Applied For
1 <i>460</i> 0 <	Sheridan St	7 26 4600 Shu	LOON ST	65-0530777	Not Applicable
Suite, Apt. #, 6	etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
2 400		City & State		6. Election Campaign Financing	\$5.00 May Be
3 Kolly	wood FL	28 HO//4WOO/	D, FL.	Trust Fund Contribution	Added to Fees
Zp _33	O.2/ Country	Zip	Country	B. This corporation has liability for	
+ 10C	25 USA	29 33021	30 USA	<u> </u>	□ No
	Name and Address of Curr	ent Registered Agent	Od Name	10. Name and Address of New F	legistered Agent
			81 Name	_	
STERN, D.	AVID		82 Street A	Address (P.O. Bex Number is Not Acceptate	ole)
2627 NE 2	203RD ST SUITE 204		83 T	00 STIENIAAN.	2/·
North M	IAMI BEACH FL 33180		8 #	<i>400</i>	
			84 City /	000,000	EI 85 Zip Code 2 /
		1007 4500 Ft 11 Ohn Ann		ordification this statement for the nu	rose of changing it's registered offic
or registered	agent, or both, in the State of Fk	orida. Such change was authorize	s, the above-hamed co d by the corporation's l	rporation submits this statement for the puboard of directors. I hereby accept the app	ointment as registe ed agent. I am
familiar with,	and accept the obligations of, Se	ection 607.0505, Florida Statutes.		•	
SIGNATURE				in the section of the	DATE
Sig	nature, typed or printed name of registered ag		f:: Registered Agent signature re	squired when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
Sig.	OFFICERS A	AND DIRECTORS	f: Registered Agent signature re 13.	equired when reinstating) ADDITIONS/CHANGES TO OFF	
12. TITLE	OFFICERS A		13. 1 1 TITLE 1 2 NAMF	ADDITIONS/CHANGES TO OFF	
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SIGNATURE; 🖄

SIGNING OFFICER OR DIRECTOR

4/24/96 954-983-0400