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

CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000072645 (2)

PROFESSIONAL TITLE AND ABSTRACT COMPANY OF FLORI DA. INC.

Mailing Address 4800 SHERIDAN STREET 4800 SHERIDAN STREET SUITE 400 SUITE 400 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-3409 US 3. Date Incorporated or Qualified 3a. Date of Last Report 10/04/1994 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0530777 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country ZID 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent STERN, DAVID Name **4600 SHERIDAN STREET** Street Address (P.O. Box Number is Not Acceptable) **SUITE 400** HOLLYWOOD FL 33021 83 84 City Zip Code 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Septative Typed or protection of trige lengt agent and life of applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. DELETE Change Addition 1.1 TITLE THLE STERN, DAVID 1.2 NAME NAME 4600 SHERIDAN STREET #400 1.3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 1.4 CITY - ST - ZIP CHY-ST-ZIP DELETE 21 TITLE Change Addition TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3 2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-2IF Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE: DAVID J. STERN, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. 1 do hereby certify that the lotormation se information indicated on the I am an officer or director appears in Block 12 or Bl

CITY - ST - ZIF

does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the could report is true and accurate and that my signature shall have the same legal effect as if made under oath; that trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

1/6/97

954-983-0400

FILED

Jan 16 1997 8:00am

Secretary of State

(96/6)CR2E034