


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

FILED  
Feb 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000072645 (2)**

1. Corporation Name

**PROFESSIONAL TITLE AND ABSTRACT COMPANY OF FLORIDA, INC.**



Principal Place of Business

Mailing Address

**4800 SHERIDAN STREET  
SUITE 400  
HOLLYWOOD FL 33021  
US**

**4800 SHERIDAN STREET  
SUITE 400  
HOLLYWOOD FL 33021  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/04/1994**

4. FEI Number

**65-0530777**

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

**21 801 S. University Drive**

2a. Mailing Address

**26 801 S. University Dr.**

Suite, Apt. #, etc.

**22 Suite # 500**

Suite, Apt. #, etc.

**27 Suite # 500**

City & State

**23 Plantation, FL**

City & State

**28 Plantation, FL**

Zip

**24 33324**

Country

**25 USA**

Zip

**29 33324**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**STERN, DAVID  
4800 SHERIDAN STREET  
SUITE 400  
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name

**Some**

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

**801 S. University Drive**

83

**Suite # 500**

84

**Plantation**

**FL**

85 Zip Code

**33324**

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 if title is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**President**

**2/9/98**

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D**

**STERN, DAVID**

**4800 SHERIDAN STREET #400**

**HOLLYWOOD FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**Some**

**Some**

**801 S. University Dr., Suite # 500**

**Plantation, FL 33324**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE

**President**

**2/9/98 (951) 222-8000**

CR2E034 (10/97)