05-03-1999 90007 035 \*\*\*150.00

## 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** 

## DOCUMENT # **P94000078465**

1. Corporation Name

TITLE PLANT OPERATIONS, INC.

***************************************	ART OF ENAMOROS, INC.							
Principal Place	e of Business ,	Mailing Address				( #9814981 110 10111 01111 01111 00111 00111	\$1 <b>68</b> 411 46661 16111 61618 4	11121 0117 1007
4010 57TH AVE	NUE SOUTH	4010 57TH AVENUE SOUTH			•			
SUITE 104 SUITE 104						DO NOT WRITE IN	THIS SPACE	
LAKE WORTH FL 33463 LAKE WORTH FL 33463						3. Date Incorporated or Qualifed	11110 017102	$\overline{}$
						10/24/1994		
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Apr	lied For
21	ace of Edsilless	26				65-0542921	Not	Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.					\$8.75 A	dditional
22		27				5. Certifcate of Status Desired	Fee Rec	quired
City & State	е	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current y		
24	25		30	•		Personal Property Tax.  10. Name and Address of New Regis		□No
•	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Regis	Itered Adeur	
MCA	LONAN, FRANCIS R JR							
	57TH AVENUE SOUTH		Γ	82	Street Addres	ss (P.O. Box Number is Not Acceptable)		·
	E 104			83			<u> </u>	
•	WORTH FL 33463							
	-			84	City		FL 85 Zip C	ode
11 Durewant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statute	s. the ab	ove-	named corpor	ration submits this statement for the purp	nse of changing its	registered
office or n agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au	tnonzea	DV tr	ne corporation	's board of directors. I hereby accept the	appointment as reç	istered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered A	Agent s	signature required v		ATE	
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE		
TITLE	PT	☐ DELETE	1.1 गा	LE			☐ Change	Addition
NAME	MCALONAN, FRANCIS R JR.		1.2 NA	ME				
STREET ADDRESS	4010 57TH AVENUE SOUTH,	SUITE 104	1.3 STF	REETA	NOORESS			
CITY-ST-ZIP	LAKE WORTH FL 33463		1,4 CIT	OV PT	ZIP			,
TITLE ·	•						Change	. Addition
NAME	_	DELETE	2.1 TITI				☐ Change	☐ Addition
STREET ADDRESS	I .	DELETE	2.2 NA	LE ME			Change	☐ Addition
CITY-ST-ZIP		DELETE	2.2 NA 2.3 ST	LE ME REET A	ADDRESS		Change	Addition
			2.2 NA 2.3 STF 2.4 CF	LE ME REET A TY-ST-			,	
TITLE		DELETE	2.2 NA 2.3 STF 2.4 CF 3.1 TIT	LE ME REET A TY-ST- LE			Change	Addition
TITLE NAME			2.2 NA/ 2.3 STF 2.4 CF 3.1 TITI 3.2 NA/	LE ME REET A TY-ST- LE ME	-ZIP	·	,	
TITLE NAME STREET ADDRESS			2.2 NA/ 2.3 STF 2.4 CF 3.1 TITI 3.2 NA/ 3.3 STF	LE ME REET A TY-ST- LE ME	-ZIP ADORESS		,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	2.2 NA/ 2.3 STF 2.4 CF 3.1 TITI 3.2 NA/ 3.3 STF 3.4. CF	LE ME REET A TY-ST- LE ME REET A TY-ST-	-ZIP ADORESS		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			2.2 NA/ 2.3 STF 2.4 CD 3.1 TIT 3.2 NA/ 3.3 STF 3.4. CD 4.1 TIT	LE ME REET A TY-ST- LE ME REET A TY-ST- ILE	-ZIP ADORESS		,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI 4.2 NA	LE ME REET A TY-ST- LE ME REET A TY-ST- ILE	-ZIP  ADORESS -ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	2.2 NA/ 2.3 STF 2.4 CFF 3.1 TITE 3.2 NA/ 3.3 STF 3.4 CFF 4.2 NA/ 4.3 STF	LE ME REET A TY-ST- LE ME REET A TY-ST- ILE AME	ADDRESS ADDRESS		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.2 NA/ 2.3 STF 2.4 CFF 3.1 TITE 3.2 NA/ 3.3 STF 3.4 CFF 4.2 NA/ 4.3 STF 4.4 CFF	LE ME REET A TY-ST- LE ME REET A TY-ST- ILE AME REET A	ADDRESS ADDRESS		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	2.2 NA/ 2.3 STF 2.4 CFF 3.1 TITE 3.2 NA/ 3.3 STF 3.4 CFF 4.2 NA/ 4.3 STF	LE  REET A  TY-ST- LE  REET A  TY-ST- LE  REET A  TY-ST- LE  REET A	ADDRESS ADDRESS		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	22 NA/ 23 STF 2.4 CF 3.1 TITI 32 NA/ 33 STF 34. CF 4.1 TITI 4.2 NA/ 4.3 STF 4.4 CF 5.1 TITI 5.2 NA/	LE  REET A  TY-ST- LE  REET A  TY-ST- LE  AME  REET A  TY-ST- LE  ME  TY-ST- LE  ME  TY-ST- LE  ME  TY-ST- LE  ME	ADDRESS ADDRESS		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	22 NA/ 23 STF 2.4 CF 3.1 TITI 32 NA/ 33 STF 34. CF 4.1 TITI 4.2 NA/ 4.3 STF 4.4 CF 5.1 TITI 5.2 NA/	LE REET A TY-ST- LE TY-ST- LE TY-ST- LE AME REET A TY-ST- LE AME REET A REET A REET A	ADDRESS ADDRESS ADDRESS ADDRESS		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2.2 NA/ 2.3 STI 2.4 CD 3.1 TITI 3.2 NA/ 3.3 STI 3.4 CD 4.1 TITI 4.2 NA/ 4.3 STI 4.4 CD 5.1 TITI 5.2 NA/ 5.3 STI	LE REET A TY-ST- LE ME REET A TY-ST- LE TY-ST- LE ME REET A TY-ST- LE ME REET A TY-ST- LE ME REET A	ADDRESS ADDRESS ADDRESS ADDRESS		☐ Change	☐ Addition

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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 total and accurate and that my signature shall have the same legial 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.