**FILED** 

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**PROFIT** CORPORATION ANNUAL REPORT

1999

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000038449

•	Name				
HEALIT	LAND TITLE COMPANY			J HADRIGOR THE HEIGH BRICK EARLY BOWN EARLY BOWN AND COME AND COME	
Principal Place	of Business	Mailing Address			
3200 NORTH MILITARY TRAIL 3200 NORTH MILITARY TRA			Y TRAIL		
SUITE 200 SUITE 200 BOCA RATON FL 33431 BOCA RATON FL 33431			21	DO NOT WRITE IN THIS SPACE	
BOCA HATON P	C 33431	BOOM HATON FL 304	NI	3. Date Incorporated or Qualifed	
				05/12/1995	ĺ
2. Principal Pl	ace of Business	2a, Mailing Address		4. FEI Number Applied Fo	or
21		26		65-0580329 Not Applica	able
Suite, Apt. i	#, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired   \$8.75 Additional	al
22		27		5. Certificate of Status Desired Fee Required	
City & State	•	City & State		6. Election Campaign Financing 5.00 May Be	, , (
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax.	.
24	25	29	30	Personal Property Tax. Yes W/No  10. Name and Address of New Registered Agent	
	9. Name and Address of Curre	nt Registered Agent	81 Name		
RARE	BIERI, FRANK A JR.				
3200 NORTH MILITARY TRAIL			82 Stree	et Address (P.O. Box Number is Not Acceptable)	1
SUITE 200		83			
	A RATON FL 33431		. <u>[9</u> ]		
BOOK IMITOR I E BOILD		84 City	Fi 85 Zip Code		
44 Bureupot i	to the provisions of Sections 607 050	02 and 607 1508. Florida 5	Statutes the above-name		red
office or re	egistered agent, or both, in the State	of Florida. Such change	was authorized by the con	reporation's board of directors. I hereby accept the appointment as registered	
	n familiar with, and accept the duliga				i
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registered Agent signature	34 r h le r i / - / 9 9  Tre required when reinstating)  DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	12
TITLE	DP		TE 1.1 TITLE	☐ Change ☐ Ac	
NAME		<b>⊘</b> D£LE.	···	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ddition
	BARBIERI, FRANK A JR.	<b>⊘</b> D£LE:	1.2 NAME	DN 75	
STREET ADDRESS		_	1	13/19/2	
STREET ADDRESS CITY-ST-ZIP	BARBIERI, FRANK A JR.	E 200	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ISV TS	dition
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14. 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.

6.4 CITY-ST-ZIP

SIGNATURE: \(\sigma\)