PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000043931**1. Corporation Name

THE CLOSING SPECIALISTS, INC.

						!!			
Principal Plac	e of Business	Mailing Address) ¹	1 183114 B) 119 19191 21111 22111 29111 ESTIT 20111	1200 11110 1210	
2085 N UNIVER	RSITY DR	2085 N UNIVERS	TY DR			ļ			
SUNRISE FL 3	3322	SUNRISE FL 3332	22				DO NOT WOITE IN THIS	00405	
							DO NOT WRITE IN THIS	SPACE	
						1	Date Incorporated or Qualifed		
							06/07/1995		
2. Principal P	lace of Business	2a. Mailing Addr	ess			1	FEI Number	 	pplied For
21		26					65-0584533		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	etc.			5.	Certificate of Status Desired		Additional
22		27				3.	Columnate of circus position	Fee Re	equired
City & Star	le	City & State				6.	Election Campaign Financing	\$5.00	May Be
23		28				<u> </u>	Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Ci	ountry		8.	This corporation owes the current year Inter-	ingible	ł
24	25	29	30				Personal Property Tax.	L es	□No
	9. Name and Address of Curre	ent Registered Agent				10!	Name and Address of New Registered	Agent	
CAM	IPORELLA, ANNETTE M			81 N	ame A	1	nette M. Cap	orel	la_
	5 N UNIVERSITY DR	<		82 S	reet Addres	s (P	O Box Number is Not Acceptable)		20-1
	IRISE FL 33322		_		100	r ,	name is spelled	w	viqj
3011	INISE PE 30022	~		83			•		•
		M		84 C	tv	<u> </u>		85 Zip	Code
	α	NI		- i			FL		ì
11. Pursuant	to the provisions of Sections 60 05	02 and 607.1508, Flori	da Statutes, the	above-na	med corpor	ation	a submits this statement for the purpose of pard of directors. I hereby accept the appoint	changing its	registered
office of i	registered agent, or both, in the state im familiar with and accept the billid	ero Florida. Such chan at ons of Section 607	ge was authoriz 0505. Florida St	ed by the atutes.	corporation	S DO	pard of directors, I hereby accept the appoin	amein as re	gistered
		<i>ti</i>	1110	AIR	In f		715F49		
SIGNATURE	Signature, typed or printed name of regime ed. rg	and title if applicable.	(NOTE: Register	ed Agent sign	ature required v	vhen re	einstating) DATE		
12.	OFFICERS A	ND DIRECTORS	13	3.		'Δ	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	DRS IN 12
TITLE	P	D	ELETE 1.1	TITLE				Change	☐ Addition
NAME	CAPORELLA, ANNETTE M		1.2	NAME					ļ
STREET ADDRESS	2085 N UNIVERSITY DR		1.3	STREET ADD	RESS		•		l
CITY-ST-ZIP	SUNRISE FL 33322			CITY-ST-ZIP		1			Ì
TITLE		Пр		TITLE		- i		Change	Addition
		<u> </u>		NAME		,			_
NAME									
STREET ADDRESS				STREET ADD	J		,		ļ
CITY-ST-ZIP				CITY-ST-ZIF	<u> </u>				Addition
TITLE		() ()	1	TITLE		i		Change	
NAME			3.2	NAME		ļ			
STREET ADDRESS			3.3	STREET ADD	RESS	- [
CITY-ST-ZIP			3.4	CITY-ST-ZIF		<u> </u>			
TITLE	· · · · · · · · · · · · · · · · · · ·	0	ELETE 4.1	TITLE		1		☐ Change	☐ Addition
NAME		~~~~	4,2	NAME				-	
STREET ADDRESS			4.3	STREET ADD	RESS				Ì
CITY-ST-ZIP			44	CITY-ST-ZIP					
TITLE		□ D		TITLE			· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME				NAME		;	•		J
			53	STREET ADD	RESS	•	•		
STREET ADDRESS	İ		0.0						
			E 4	CITY_ST 7ID		,			i
CITY-ST-ZIP				CITY-ST-ZIP		1	<u> </u>	Change	☐ Addition
TITLE		D	ELETE 6.1	CITY-ST-ZIP TITLE		-		Change	Addition

does refugualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information our is rule and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ee exportivered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address, with all other like empowered. 14. I hereby certify that the information supplied with this filling indicated on this annual report or supplemental annual report of conficer or director of the corporation or the receiver of the Block 12 or Block 13 if changed, or on an attachment with

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90032 012 ***150.00