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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name

P95000044873 (4)

V & B TITLE SERVICES, INC.

| Principal Place of Business           | Mailing Address                       |  |  |  |
|---------------------------------------|---------------------------------------|--|--|--|
| 14 DOGWOOD CIRCLE<br>LANTANA FL 33462 | 14 DOGWOOD CIRCLE<br>LANTANA FL 33462 | DO NOT WRITE IN THIS SPACE   |  |  |
|                                       |                                       | 3. Date Incorporated or Qualified  |  |  |
|                                       |                                       | 06/02/1995   |  |  |
| 2. Principal Place of Business        | 2a. Mailing Address                   | 4. FEI Number Applied Fo   |  |  |
| 21                                    | 26                                    | 65:0592575 Not Applica   |  |  |
| Suite, Apt. #, etc.                   | Suite, Apt. #, etc.                   | 5. Certificate of Status Desired S8.75 Additiona Fee Required  |  |  |
| City & Slate                          | City & State                          | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees                         |  |  |
| Zip Country 25                        | Zip Country 29 30                     | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |  |  |
| g, Name and Address o                 | Current Registered Agent              | 10. Name and Address of New Registered Agent   |  |  |

DUBROW, DUKER & ASSOCIATES, P.A. 2840 UNIVERSITY DRIVE CORAL SPRINGS FL 33065

|   |  | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees                           |
|---|--|--|
| X   | ıntry  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.   Yes No |
|   |  | 10. Name and Address of New Registered Agent   |
|   | 81   | Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) | Street Address (P.O. Box Number is Not Acceptable) |  |
|   | 83   |  |
|   | 84   | City EI 85 Zip Code  |

**FILED** 

Jan 29 1998 8:00am

Secretary of State

Applied For Not Applicable

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 Statules. | • | • | • |
|---|---|---|---|
| SIGNATURE   |   |   |   |

| SIGNATURE .    | Signature, typed or printed name of registered agent and title if app | oficable. (NO | OTE. Registered Agent signature require | ed when reinstating)        | DATE            | <del></del> |
|----------------|---|---------------|---|-----------------------------|-----------------|-------------|
| 12.            | OFFICERS AND DIRECTOR   |               | 13.                                     | ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTOR | RS IN 12    |
| TITLE          | PTD   | ☐ DELETE      | 1.1 TITLE                               |                             | ☐ Change        | Addition    |
| NAME           | ROMANO, VICTORIA  |               | 12 NAME                                 |                             |                 |             |
| STREET ADDRESS | 14 DOGWOOD CIRCLE   |               | 1.3 STREET ADDRESS                      |                             |                 |             |
| CITY-ST-ZIP    | LANTANA FL  |               | 1.4 CITY-ST-ZIP                         |                             |                 |             |
| TITLE          | VS  | DELETE        | 2.1 TITLE                               |                             | Change          | Addition    |
| NAME           | JOHN N ROMANO   |               | 2.2 NAME                                |                             |                 |             |
| STREET ADDRESS | 14 DOGWOOD CIR  |               | 2.3 STREET ADDRESS                      |                             |                 |             |
| CITY-ST-ZIP    | LANTANA FL  |               | 2. 4 CITY-ST-ZIP                        |                             |                 |             |
| TITLE          |   | DELETE        | 3.1 TITLE                               |                             | Change          | Addition    |
| NAME           |   |               | 3.2 NAME                                |                             |                 |             |
| STREET ADDRESS |   |               | 3.3 STREET ADDRESS                      |                             |                 |             |
| CITY-ST-ZIP    |   |               | 3.4. CITY-ST-ZIP                        |                             |                 |             |
| TITLE          |   | ■ DELETE      | 4.1 TITLE                               |                             | Change          | Addition    |
| NAME           |   |               | 4. 2 NAME                               |                             |                 |             |
| STREET ADDRESS |   |               | 4.3 STREET ADDRESS                      |                             |                 |             |
| CITY-ST-ZIP    |   |               | 4.4 CITY-ST-ZIP                         |                             |                 |             |
| TITLE          |   | ☐ DELETE      | 5.1 TITLE                               |                             | ☐ Change        | Addition    |
| NAME           |   |               | 5.2 NAME                                |                             |                 |             |
| STREET ADDRESS |   |               | 5.3 STREET ADDRESS                      |                             |                 |             |
| CITY-ST-ZIP    |   |               | 5.4 CITY - ST - ZIP                     |                             |                 |             |
| TOLE           |   | ☐ DELETE      | 6.1 TITLE                               |                             | Change          | Addition    |
| NAME           |   |               | 6,2 NAME                                |                             |                 |             |
| STREET ADDRESS |   |               | 6.3 STREET ADDRESS                      |                             |                 |             |

CITY - ST-ZIP 6.4 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 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: