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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 # P95000065682

1. Corporation Name

A & B TITLE, INC.

· · · · · · · · · · · · · · · · · · ·											
Principal Place of Business Mailing Address			ess		. I that han the faith and the ann abit and an ann and an						
ONE FINANCIAL PLAZA SUITE 1615 FORT LAUDERDALE FL 33394		ONE FINANICAL PLAZA SUITE 1615 FORT LAUDERDALE FL 33394 US				DO NOT WRITE IN THIS SPACE					
US						3. Date Incorporated or Qualifed 08/24/1995					
2. Principal Place	e of Business	2a. Mailing A	2a. Mailing Address			4. FEI Number		Applied For			
21	<u>-</u>	26			~~	65-0189947		Not Applicable			
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			5, Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State		City & St	City & State			6, Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip 24	Country 25	Zip 29	Cour	ntry		This corporation owes the current year In Personal Property Tax.	tangible Yes	□No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent							
CORRO	ADATION CEDIACE COMPAN	.iv		81	Name						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301			82	Street Address (P.O. Box Number is Not Acceptable)							
				83							
	,			84	City	FI	85	Zip Code			

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 egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
12.	OFFICERS AND DIRECTORS	13.	<i></i>	DDITIONS/CHANGE	S TO OFFICERS								
TITLE	PSTD DELETE	1.1 TITLE		• ,		Change	Addition						
NAME	BENJAMIN, JAMES S	1.2 NAME	One	Financial	D7 222.	#1615							
STREET ADDRESS	100 NORTHEAST 3RD AVENUE STE 850	1.3 STREET ADDRESS		Lauderdal									
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	rt.	Lauderdar	e, FL 33								
TITLE	VP DELETE	2.1 TITLE				Change	☐ Addition						
NAME	Daniel R. Aaronson	2.2 NAME											
-STREET ADDRESS	One Financial Plaza; #1615 Fort Lauderdale, FL 33394	2.3 STREET ADDRESS				 ·							
CTTY-ST-ZIP		2. 4 CITY-ST-ZIP											
TITLE	☐ DELEȚE	3.1 TITLE				Change	☐ Addition						
NAME	i	3,2 NAME											
STREET ADDRESS		3.3 STREET ADDRESS	1										
CITY-ST-ZIP		3.4. CITY-ST-ZIP	ļ										
TITLE	DELETE	4.1 TITLE				Change	☐ Addition						
NAME		4. 2 NAME											
STREET ADDRESS		4.3 STREET ADDRESS	İ										
CITY-ST-ZIP		4.4 C/TY-ST-Z/P											
TITLE	□ DELETE	5.1 TITLE				☐ Change	☐ Addition						
NAME		5.2 NAME											
STREET ADDRESS		5,3 STREET ADDRESS					74						
CITY-ST-ZIP		5.4 CITY-ST-ZIP	\										
TITLE	DELETE	6.1 TITLE				☐ Change	☐ Addition						
NAME		6.2 NAME	}										
STREET ADDRESS		6.3 STREET ADDRESS											
CITY-ST-ZIP	_	6.4 CITY-ST-ZIP	\				1						

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 changes or on an attachment with an address, with all other like empowered.

SIGNATURE: