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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90105 014 ***150.00

DOCUMENT # **P95000079890**

1. Corporation Name
SOUTH OCEAN TITLE, INC.



Principal Place of Business

**ONE SOUTH OCEAN BLVD.
SUITE 304
BOCA RATON FL 33432**

Mailing Address

**ONE SOUTH OCEAN BLVD.
SUITE 304
BOCA RATON FL 33432**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1995

2. Principal Place of Business

21 2101 NW BOCA RATON BLVD

2a. Mailing Address

26 2101 NW BOCA RATON BLVD

Suite, Apt. #, etc.

22 SUITE 2

Suite, Apt. #, etc.

27 SUITE 2

City & State

23 BOCA RATON, FL

City & State

28 BOCA RATON, FL

Zip Country

24 33431 25 Palm Beach

Zip Country

29 33431 30 Palm Beach

9. Name and Address of Current Registered Agent

**LAHMAN, CHERIE C
2101 N.W. BOCA RATON BLVD.
SUITE 2
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** ☒ DELETE
NAME **HEIMBERG, FREDERICK M**
STREET ADDRESS **ONE SOUTH OCEAN BLVD. SUITE 304**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **PSD** ☐ DELETE
NAME **LAHMAN, CHERIE C.**
STREET ADDRESS **1 S. OCEAN BLVD SUITE 304**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **VP** ☐ DELETE
NAME **SCHUSTER, MARTY S**
STREET ADDRESS **1 SOUTH OCEAN BLVD STE 304**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **2101 NW Boca Raton Blvd, Suite 2**
2.4 CITY-ST-ZIP **Boca Raton, FL 33431**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **2101 NW Boca Raton Blvd, Suite 2**
3.4 CITY-ST-ZIP **Boca Raton, FL 33431**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99 **561-447-7878**
Date Daytime Phone #

CR2E034 (11/98)

03355812