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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000020459 (9)

AMERICAN TITLE CLOSING COMPANY

Incipal Place of Business	Mailing Address
1500 S.W. 92ND STREET SUITE 106 MAMI FL 33156	8500 S.W. 92ND STREET SUITE 106 MIAMI FL 33156
Principal Place of Business	2a. Mailing Address

**FILED** Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/06/1996 4. FEI Number Applied For 65-0650752 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 COLLER, PHILIP L 8500 S.W. 92ND STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 106 MIAMI FL 33156 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE \_\_\_ Change Addition TITLE 1.1 TITLE COLLER, PHILIP L 1.2 NAME NAME 8500 S.W. 92ND ST. SUITE 106 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33156 CITY-ST-ZIE 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE Change ROCKMAN, LOUIS M NAME 2.2 NAME 8500 SW 92ND STREET, STE 106 STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33156** CITY - ST - ZIP 2, 4 CITY-ST-ZIP DELETE Change Addition TITLE STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 6.1 TITLE NAME 6.2 NAME

14. I hereby certify that the information surplied with this filing does not qualify indicated on this annual report or supplemental annual report is the and a officer or director of the corporation of the receiver or trustee inpowered Block 12 or Block 13 if changed in an attachment with a gardress. ated in Section 119.07(3)(1), Florida Statutes. I further certify that the information ignature shall have the same legal reflect as if made under oath; that I am an as required by Chapter 607, Florida Statutes; and that my name appears in

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

CR2E034