

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
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06-04-1999 90010 002 ***550.00
P96000027167

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 21 PM 4:52

DOCUMENT # P96000027167

1. Corporation Name

JD Title, Inc.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1000 S. Andrews Avenue	26 1000 S. Andrews Avenue	65-0667894	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & State	27 City & State	<input checked="" type="checkbox"/> X	
23 Ft. Lauderdale, FL	28 Ft. Lauderdale, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	28 Zip	<input type="checkbox"/>	
24 33316	29 33316	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 USA	30 USA		

9. Name and Address of Current Registered Agent

John D. Benson, Esq.
6261 NW 6th Way, #103
Ft. Lauderdale, Florida 33309

10. Name and Address of New Registered Agent

81 Name	John D. Benson, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)	1000 S. Andrews Avenue
83	
84 City	Ft. Lauderdale
85 Zip Code	FL 33316

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

John D. Benson

6-1-99

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director	1.1 TITLE	Director/President
NAME	Robert Kaye	1.2 NAME	John D. Benson
STREET ADDRESS	6261 NW 6th Way, #103	1.3 STREET ADDRESS	1000 S. Andrews Avenue
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	1.4 CITY-ST-ZIP	Ft. Lauderdale, Florida 33316
TITLE	Director	2.1 TITLE	
NAME	Randall Roger	2.2 NAME	
STREET ADDRESS	6261 NW 6th Way, #103	2.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, Florida 33309	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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, with all other like empowered.

SIGNATURE:

John D. Benson

6-1-99

954-462-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)