## 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 # P96000028085 (4)

IVY LEAGUE TITLE COMPANY

## **FILED** Mar 10 1998 8:00am Secretary of State

| Principal Place   | e of Business                  | Mailing Address   |                    |                        |                                   | i idalitaat isa sassa data adam adam dassa sebat data data data data data data data d   |  |  |
|---|--------------------------------|---|--------------------|------------------------|-----------------------------------|---|--|--|
| 7280 WEST P<br>SUITE 202 N<br>BOCA RATON  | almetto park RD.<br>I Fl 33433 | 7200 West Palmetto Park RD.<br>Suite 202 n<br>Boca Raton Fl 33433 |                    |                        | DO NOT WRITE IN THIS SPACE        |   |  |  |
|   |                                | - · ·   |                    |                        | 3. Date Incorporated or Qualified |   |  |  |
|   |                                |   |                    |                        |                                   | 04/01/1996  |  |  |
| 2. Principal P  | lace of Business               | 2a. Mailing Address   |                    |                        |                                   | 4. FEI Number . Applied For   |  |  |
| 21  |                                | 26  |                    |                        |                                   | 65-0654575 Not Applicable   |  |  |
| Suite, Apt  | W, etc.                        | Suite, Apt. #, etc.   |                    |                        |                                   | Certificate of Status Desired     Section   Section |  |  |
| City & State  | 6                              | City & State  | City & State       |                        |                                   | 6. Election Campaign Financing \$5.00 May Be  |  |  |
| 23  |                                | 28  |                    |                        |                                   | Trust Fund Contribution Added to Fees   |  |  |
| Zip   | Country                        | Zipi  | Cou                | Country                |                                   | 8. This corporation owes or has paid the current year Intangible  |  |  |
| 24  | 25                             | 29  | 30                 |                        |                                   | Personal Property Tax due June 30. Yes No   |  |  |
| 9. Name and Address of Current Registered Agent   |                                |   |                    |                        |                                   | 10. Name and Address of New Registered Agent  |  |  |
| SHULMAN, STEVEN H   |                                |   |                    | 81 Name                |                                   |   |  |  |
| 7280 WEST PALMETTO PARK ROAD<br>SUITE 202-N   |                                |   |                    | 82                     | Street A                          | Address (P.O. Box Number is Not Acceptable)   |  |  |
|   |                                |   |                    |                        |                                   |   |  |  |
| BOCA RATON FL 33433   |                                |   |                    | 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 protect name of regressed agent and tion if appt-valide (NOTE, Registered Agent signature required when reinstating)  OATE  |                                |   |                    |                        |                                   | required when reinstating) DATE   |  |  |
| 12.   |                                |   | 13.                |                        |                                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |  |
| TITLE   | PSTD DELETE                    |   | 1.1 TI             | 1.1 TITLE              |                                   | ☐ Change ☐ Addition   |  |  |
| NAME  | SHULMAN, STEVEN H              |   | 1 2 N/             | 12 NAME                |                                   |   |  |  |
| STREET ADDRESS 7280 W. PALMETTO PARK RD. SUITE 202-N  |                                |   | 1.3 ST             | 1.3 STREET ADDRESS     |                                   |   |  |  |
| CITY-ST-ZIP   |                                |   |                    | 1.4 CITY-ST-ZIP        |                                   |   |  |  |
| TITLE   | ☐ DELETE                       |   | 2.1 TI             | 2.1 TITLE              |                                   | Change Addition   |  |  |
| NAME  |                                |   | 2.2 N/             | 2.2 NAME               |                                   |   |  |  |
| CIDEL INDUCES   |                                |   | 2.3 CTREET ADDRECC |                        | ADDRESS                           |   |  |  |

2.4 CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

3.1 TITLE 3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

DELETE

DELETE

DELETE

DELETE

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 trustor expowered 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:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME STREET ADDRESS

15611393-1446

Change

Change

Change

Addition

Addition

Addition

Addition