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PROFIT CORPORATION ANNUAL REPORT

**1999**

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

DOCUMENT # **P96000028085**

1. Corporation Name
**IVY LEAGUE TITLE COMPANY**

| Principal Place of Business | Mailing Address |
|---|---|
| 7280 WEST PALMETTO PARK RD.<br>SUITE 202 N<br>BOCA RATON FL 33433 | 7280 WEST PALMETTO PARK RD.<br>SUITE 202 N<br>BOCA RATON FL 33433 |

DO NOT WRITE IN THIS SPACE

| | | |
|---|---|---|
| 2. Principal Place of Business<br>21 2255 Glades Rd | 2a. Mailing Address<br>26 2255 Glades Rd | 3. Date Incorporated or Qualifed<br>04/01/1996 |
| Suite, Apt. #, etc.<br>22 Suite 319-A | Suite, Apt. #, etc.<br>27 Suite 319-A | 4. FEI Number<br>65-0654575 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 Boca Raton, FL | City & State<br>28 Boca Raton, FL | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip / Country<br>24 33431 25 | Zip / Country<br>29 33431 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |
| | | 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No |

**9. Name and Address of Current Registered Agent**

SHULMAN, STEVEN H
7280 WEST PALMETTO PARK ROAD
SUITE 202-N
BOCA RATON FL 33433

**10. Name and Address of New Registered Agent**

81 Name: STEVEN H. SHULMAN
82 Street Address (P.O. Box Number is Not Acceptable): 2255 Glades Rd
83 Suite 319-A
84 City: Boca Raton FL 85 Zip Code: 33431

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] STEVEN H. SHULMAN 1/7/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PSTD<br>SHULMAN, STEVEN H<br>7280 W. PALMETTO PARK RD. SUITE 202-N<br>BOCA RATON FL 33433 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>2255 GLADES RD. SUITE 319-A<br>BOCA RATON, FL 33431 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (11/98)

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] STEVEN H. SHULMAN 1/7/99 (561) 912-9944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #