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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 POCUMENT # P96000028503 (6) INTRACOASTAL TITLE CORP.

officer or director of the corporation or the receiver or trustee en Block 12 or Block 13 if changed, or on ap attachment with an ac

SIGNATURE:

Principal Place of Business

11096 BISCAYNE BLVD SUITE 205 MIAMI FL 33161

Suite, Apt. #, etc.

City & State

Discipal Place of Business

Mailing Address

11098 BISCAYNE BLVD SUITE 205 MIAMI FL 33161

2a. Mailing Address

City & State

Suite, Apt #, etc.

26

28

FILED Feb 18 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

3. Date Incorporated or Qualified

03/26/1996 FEI Number

65-0657626

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

—, ^{∠ıp}	1		Juntry	_	2.157	<u> </u>	Country			6. This corporation owes o					
24	25 29 30				, , , , , , , , , , , , , , , , , , , 			Personal Property Tax d			No				
9. Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent						
KELLEY, CHRISTOPHER P								Nan	18)		
11098 BISCAYNE BLVD								82 Street Address (P.O. Box Number is Not Acceptable)							
SUITE 205								ost Street Address (F.O. Box Mulliper is Not Acceptable)							
MIAMI FL 33161															
MICHINI FL 33101															
							84	City			FL	85 Zip	Code		
44 6			C/ 607 01 00 -	- 1 00	7 4500 El-Si- Di-										
office or re	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 Signalure, typed or printed name of registered eyen; and title it applicable (NOTE Registered Agent signature required when reinstating) DATE															
									ture require		DATE AND	NEFATA:	SC INT A		
12,			OFFICERS AND D	JIHEC			13.		- 	ADDITIONS/CHANGES T	O OFFICERS AND				
TITLE	D				DELETE	ı	1.1 TITLE		Į I	7,5		Change	Addition		
NAME	FRECHETTE, JOSEPH C JR						1.2 NAME			•					
STREET ADDRESS	11098 BISCAYNE BLVD SUITE 205							ADDRES	is				Į		
CITY-ST-ZIP	MIAMI FL 33161						1,4 CITY-5	T-ZIP							
TITLE	D				☐ DELETE		2.1 TITLE			P, T		Change	Addition		
NAME	KELLEY.	CHRI	Stopher P			1	2.2 NAME		1	•			· ·		
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CITY-ST-ZIP	MIAMI FI					1	2. 4 CITY-	\$1 - 7(P	1				ì		
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						- 1	4. 2 NAME		- (
NAME									_ •				[
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CITY-ST-ZIP							5.4 CITY - S	T-ZIP							
TITLE					DELETE	- Ł	6.1 TITLE		- (Change	Addition		
NAME						J	6.2 NAME						i		
STREET ADDRESS						1	6.3 STREET	ADDRES	s				į į		
CFTY-ST-ZIP						1	6.4 CITY-S	T-ZIP							
14. I hereby c	ertify that the	inform	nation supplied with	this lif	ng does not qualify	for the	exemp	tion st	ated in S	section 119.07(3)(i), Florida St	atutes further ce	rtify that the	Information		
										e shall have the same legal eff ired by Chapter 607, Florida S					