## 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** 

## DOCUMENT # P9600035447

## Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90131 031 \*\*\*150.00

TITON B	UILDERS INC.								
Principal Place	of Business	Mailing Address				-	BB300 ISID3 OULD DIDAY	1001 1001 1001	
3941 DOGWOOD AVE 3941 DOGWOOD AVE									
PALM BEACH GARDENS FL 33410-4756 PALM BEACH GARDENS FL 334				3410-475 <del>6</del>		DO NOT WINTE IN	THE CDACE		
	•					DO NOT WRITE IN 3. Date Incorporated or Qualifed	THIS SPACE		1
						04/22/1996			l
Principal Place of Business     2a, Mailing Address						4, FEI Number	An	plied For	1
						65-0657868		t Applicable	
21   26     Suite, Apt. #, etc.   Suite, Apt. #, etc.				_			\$8.75 A		
22 27						5. Certifcate of Status Desired		quired:	نصد
City & State City & State						6. Election Campaign Financing	\$5.00	Mav Be	
23		28	8			Trust Fund Contribution	Added t		
Zip	Country	Zip				8. This corporation owes the current ye	ar Intangible		
24 25 29			30			Personal Property Tax.	√Pes	□No	į
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Regist	ered Agent		4
				1 Name	•		•		
SAULS, EUGENE B			Ξ	82 Street Address (P.O. Box Number is Not Acceptable)					1
15202 SW 155 TERRACE			L						ł
MIAMI FL 33187			{	3					
			1	4 City			85 Zip 0	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,				_l			FL		
11. Pursuant	to the provisions of Sections 607.0502	! and 607.1508, Florida Statute of Florida. Such change was au	s, the about thorized b	ove-named by the con	oration	ration submits this statement for the purpo i's board of directors. I hereby accept the a	se of changing its appointment as reg	gistered	
agent. I a	n familiar with, and accept the obligati	ons of, Section 607.0505, Flor	ida Statut	35.					
SIGNATURE						when reinstating) DA	TE	<del></del>	۱.
				egistered Agent signature require		ADDITIONS/CHANGES TO OFFICER		RS IN 12	0
12.			_	1.1 TITLE			Change	Addition	7
NAME				1.2 NAME		<b>1.</b>			3
STREET ADDRESS				1.3 STREET ADDRESS					Ì
CITY-ST-ZIP PALM BEACH GARDENS FL 33410				1.4 CITY-ST-ZIP					2
TITLE	S DELETE			2.1 TITLE			Change	Addition	(
NAME	Ī		2.2 NAM	E					
STREET ADDRESS	AND MALE PRODUCTION DON'T			2.3 STREET ADDRESS					ļ
CITY-ST-ZIP	)			2.4 C/TY-ST-ZIP					
TITLE			3.1 TITL				Change	Addition	
NAME			3.2 NAM	3.2 NAME					
STREET ADDRESS	ADDRESS			EET ADDRES	3				
CITY-ST-ZIP				3.4, CITY-ST-ZIP		•		(m) , 1 1111	-
TTLE		☐ DELETE	4.1 TITL	<b></b>			Change	Addition	
NAME	·		4. 2 NAM	Œ					
STREET ADORESS			4.3 STR	EET ADDRES	\$				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		4.4 CITY	-ST-ZIP	<del> </del>				-
TITLE			5.1 TITL			•	Change	Addition	1
NAME			5.2 NAM						1
STREET ADDRESS			-	EET ADDRES	5		,		
CITY-ST-ZIP				-ST-ZIP	+		- Chanca	☐ Addition	ł
TITLE		☐ DELETE	6.1 TITL				Change	☐ Addition	
NAME			6.2 NAM			·			l
STREET ADDRESS				EET ADORES	1				1
CITY-ST-ZIP			6.4 CITY	-ST-ZIP	l				1

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:**