

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED  
97 SEP 11 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pg. 1072

DOCUMENT # P96000054269 (1)

1. Corporation Name  
CLOSING SERVICES, INC.



Principal Place of Business

Mailing Address

18 NW 18TH ST  
DELRAY BEACH FL 33444

18 NW 18TH ST  
DELRAY BEACH FL 33444

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 399 W. PALMETTO PARK ROAD

26 399 W. PALMETTO PARK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #106

27 #106

City & State

City & State

23 BOCA RATON, FL

28 BOCA RATON, FL

Zip

Zip

24 33432

29 33432

Country

25 USA

Country

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

06/24/1996

4. FEI Number

Applied For

65-0684462

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

GOLDEN, KATHY  
18 NW 18TH ST  
DELRAY BEACH FL 33444

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

399 W. PALMETTO PARK ROAD #106

83

84 City

BOCA RATON

FL

85 Zip Code

33432

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

*Kathy Golden* - *correct address change*

9/10/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~GOLDEN, KATHY~~  
~~18 NW 18TH ST~~  
~~DELRAY BEACH FL 33444~~

13. ☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
D  
GOLDEN, KATHY  
399 W. PALMETTO PARK ROAD #106  
BOCA RATON, FL 33432

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

*Kathy Golden*

9/10/97

CR2E034 (4/97)