

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000054269
1. Corporation Name

CLOSING SERVICES, INC.

Principal Place of Business 18 NW 18th Street Delray Beach, FL 33444	Mailing Address 18 NW 18th Street Delray Beach, FL 33444
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
June 24, 1996

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	4. FEI Number 65-0684462 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

Kathy Golden
18 NW 18th Street
Delray Beach, FL 33444

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	FL	85. Zip Code
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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 officer 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* DATE: 9/16/98
(Signature must be printed name of officer or director if applicable) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY- ST- ZIP		1.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	2000026498912
CITY- ST- ZIP		5.4 CITY- ST- ZIP	-09/28/98-01034-044
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	***150.00
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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 of changed, or on an attachment with an address.

SIGNATURE: *Kathy Golden* DATE: 9/16/98 561-276-2757

CR2E034 (5/98)

(2)

AFFIDAVIT

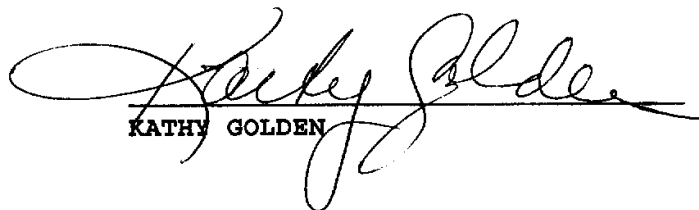
STATE OF FLORIDA)

ss:

COUNTY OF PALM BEACH)

BEFORE ME, the undersigned authority, personally appeared **KATHY GOLDEN**, who, first being duly sworn, according to law, deposes and says:

- 1) THAT she is the President of Closing Services, Inc., and that her address, and the address for the corporation is: 18 NW 18th Street, Delray Beach, Florida, 33444.
- 2) That Affiant did not receive the 1st Notice/Profit Corporation Annual Report/1998 packet.
- 3) THAT AFFIANT further states that she is familiar with the nature of an oath; and with the penalties as provided by the laws of the State of Florida for falsely swearing to statements made in an instrument of this nature. Affiant further certifies that she has read the full facts of this affidavit and understands its context.


KATHY GOLDEN

COUNTY OF PALM BEACH)

ss:

STATE OF FLORIDA)

The foregoing instrument was sworn to, subscribed and acknowledged before me this 16th day of September, 1998, by Kathy Golden who ☒ is personally known to me or ☐ has produced _____ as identification.

SEAL


Notary Signature

DIANE M. TURNOFF
Printed Notary Signature

My Commission Expires:
Commission No.:



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Kathy Golden
CLOSING SERVICES, INC.
18 NW 18th Street
Delray Beach, Florida 33444

September 16, 1998

Annual Reports Filings
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Closing Services, Inc./1998 Annual Report

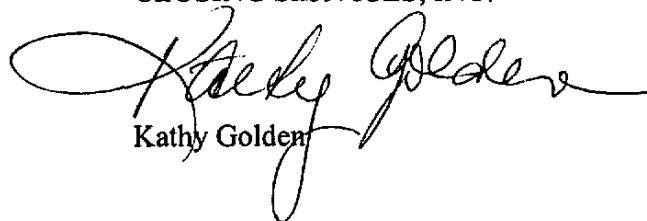
Dear Sirs/Madam:

Enclosed please find my check in the amount of \$150.00 representing the 1998 filing fee for the above referenced Corporation together with an affidavit stating and confirming that I did not receive the first notice.

If you need anything further please contact me at the above address and phone number.

Very truly yours,

CLOSING SERVICES, INC.


Kathy Golden