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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000077772 (7)

PALMETTO PARK TITLE COMPANY

FILED Jan 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 399 W. PALMETTO PARK ROAD 399 W. PALMETTO PARK ROAD DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33432 BOCA RATON FL 33432** 3. Date Incorporated or Qualified 09/18/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0701394 Not Applicable Suffe, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution \Box Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangable 24 30 Personal Property Tax due June 30. Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KENNEDY, BENJAMIN S JR 399 W. PALMETTO PARK RD. 82 Street Address (P.O. Box Number is Not Acceptable) #106 83 **BOCA RATON FL 33432** 84 Zip Code 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, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE KENNEDY, BENJAMIN S JR NAME 1.2 NAME 399 W. PALMETTO PARK ROAD #106 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33432** CITY - ST- ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 City-St-ZiP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS **3.3 STREET ADDRESS** CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. hereby certify that the information supplied with this filing does not qualify for the femption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental unnual 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.