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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

P96000079579 (4) TITLE DEPOT, INC.

FILED Mar 30 1998 8:00am Secretary of State



						<u> </u>			
Principal Place of Business Mailing Address								••••	
748 NE 76 STREET 748 NE 76 STREET									
BOCA RATON FL 33487		BOCA RATON FL 3348	BOCA RATON FL 33487			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						09/23/1996			
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Applied For	
21		26	26			65-0703573	Not Applicable		
Suite, Apt #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.				\$8.75	Additional	
22		27	27			5. Certificate of Status Desired	Fee	Required	
City & Stat	le City & State					6. Election Campaign Financing	\$5.0	О мау Ве	
23		28				Trust Fund Contribution		d to Fees	
Zip	Country	Zip	Countr			8. This corporation owes or has paid the c			
24	25	29	30			Personal Property Tax due June 30.	Yes	No No	
	9. Name and Address of Curr	ent Hegistered Agent		81	NI	10. Name and Address of New Registerer	1 Agent		
	HNEIDERMAN, LES B NE 76 STREET			81	Name				
		82 Street Add			ess (P.O. Box Number is Not Acceptable)				
BOCA RATON FL 33487				83					
				84	City	F	85 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, typicd or protect came of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
12.		ND DIRECTORS	13.	3 - 1901	in organization radian	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	DRS IN 12	
TITLE				1.1 TITLE			☐ Change		
NAME	\$CHNEIDERMAN, LES		1.2 NA	1.2 NAME 1.3 STREET ADDRESS					
STREET ADDRESS	748 NE 76 STREET		1.3 ST						
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY-ST-ZIP		r-ZIP				
TITLE	☐ DELE TE 2		21 TH	21 THILE			Change	☐ Addition	
NAME			2.2 NA	2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP			2. 4 CI	2. 4 CITY-ST-ZIP					
TITLE		☐ DELETE	3.1 7(1	3.1 TITLE			Change	☐ Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 ST	3.3 STREET ADDRESS				l	
CITY-ST-ZIP	ITY-ST-ZIP		3.4. CI	3.4. CITY-ST-ZIP					
TITLE	☐ DELETE 4.1 T		LE			Change	Addition		
NAME	4.2		4. 2 N	AME				ŀ	
STREET ADDRESS	4.33		4.3 ST	REET A	ADORESS				
CITY-ST-ZIP			4.4 CITY - S		- ZIP				
TITLE		☐ DELETE	5.1 TIT	LE			☐ Change	Addition	
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET #	ADDRESS				
CITY-ST-ZIP			5.4 CII	IY-\$T	- ZIP				
TITLE		☐ DELETE	. 6.1 TIT	ĮΕ			☐ Change	Addition	
NAME			62 NA	ME					
STREET ADDRESS			63 ST	REET A	ADDRESS				
CITY-ST-ZIP			6.4 CIT	Y-SF	- ZIP				
44	100 11 11 1 1 1 1	111 11 1 1111 1							

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.