


FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000082623 (5)			
1. Corporation Name PROFESSIONAL TITLE & CLOSING SERVICES, INC.			
Principal Place of Business 1600 SARNO RD., STE 14 MELBOURNE FL 32935		Mailing Address 1600 SARNO RD., STE 14 MELBOURNE FL 32935-4980	
2. Principal Place of Business 21 3210 N. WICKHAM RD Suite, Apt. #, etc. 22 SUITE 2 City & State 23 Melbourne, FL Zip 24 32935		2a. Mailing Address 26 3210 N. WICKHAM RD Suite, Apt. #, etc. 27 SUITE 2 City & State 28 Melbourne, FL Zip 29 32935	
Country 25 USA		Country 30 USA	
9. Name and Address of Current Registered Agent <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> LEBLANC, P. KENT 1600 SARNO RD., STE 14 MELBOURNE FL 32935 32935 </div> <div style="width: 15%;"> 81 Name 82 Street Address 83 84 City </div> </div>			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <i>P. Kent LeBlanc</i>			
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)			
12. OFFICERS AND DIRECTORS			
1. TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	
2. TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	
13. TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>Jennifer L. LeBlanc</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)