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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000082623 (5)

PROFESSIONAL TITLE & CLOSING SERVICES, INC.

Principal Place of Business

Mailina Addraga

FILED May 02 1997 8:00am Secretary of State



	D., STE-14 32833	-1800 SARNO-RD., STE-14- -MELBOURNE PL 32839-4880		3. Date Incorporated or Qualified	3a. Dat	e of Last I	Report
9 Uringingt Die	ace of Business	2a. Mailing Address		10/04/1996 4. FEI Number	<u> </u>		Tion of Francis
	N. WICKHAM R	26 321/2 N. 4	JICKHAM R	4. PETNOMOEI			pplied For lot Applicable
Suite, Apt. F	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75	Additional
2 Sw1		27 SUITE 2					lequired
City & State	bourne, Fr	28 Welbours		6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
329	35 Country 15 A	Zip 3 2935 3	Country 10 USA	This corporation has liability for in Florida Statutes		ax under : No	s. 199.032,
11 - 2	9. Name and Address of Curren	nt Registered Agent,		10. Name and Address of New Re		·	
LEBL	ANCE P. KENT LEBU	ANC, P. KenT.	B1 Name				
-1600 MELB	SARNO RD., STE 14 321	O N. WICKHAM SIE. 2	82 Street Add	ress (P.O. Box Number is Not Acceptab	e)		·.
	32935		83				
			84 City		FL	85 Zip	Code
11 Duranast h	the everytions of Sections 607 060	12 and 607 1508 Florida Statutas	the above named core	poration submits this statement for the p		changing	ite registerer
SIGNATURE .	m familiar with, and accept the obligation of majistered age	The -	Registered Agent signature requi	ired when reinstating)	DATE		
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	D ,	D DIRECTORS DELETE	1.5 TITLE	ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTO Change	
TITLE NAME	D LEBLANCI, JENNIFER L		1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE NAME STREET ACCURESS	D Leblanc#, Jennifer L 1600 Sarno RD., STE 14		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFIC	CERS AND		
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Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legat 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:

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