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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1998

Principal Place of Business

SIGNATURE:



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

**FILED** 

Mar 03 1998 8:00am

Secretary of State

941 394 8192

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000091309 (0)

FIFTH AVENUE TITLE COMPANY

| 950 N COLUI<br>SUITE 201   | •                      | RD                                      | SUITE 201      | 950 N COLLIER BOULEVARD<br>SUITE 201 |                           |           |             |   | DO NOT                                | WOITE IN TU | HC CDACE    |               |
|--|------------------------|---|----------------|--------------------------------------|---------------------------|-----------|-------------|---|---------------------------------------|-------------|-------------|---------------|
| MARCO ISLAI  | ND FL 34145            |   | MARCO IS       | MARCO ISLAND FL 34145                |                           |           |             | DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified |                                       |             |             |               |
|  |                        |   |                |                                      |                           |           |             | 3.  |                                       | alli 160    |             |               |
| 2. Principal P   | Place of Busin         | ness.                                   | 2a. Mailing    | Address                              |                           |           |             | 4   | 11/06/1996<br>FEI Number              |             |             | Applied For   |
| 21   | lace of Dasii          | 1033                                    |                | 26                                   |                           |           |             | 1   |                                       |             | <b>├</b> ── | ot Applicable |
| Suite, Apt.  | #. elc.                |   |                | Suite, Apt. #, etc.                  |                           |           |             | +   | 59-3409596                            |             |             | Additional    |
| 22   |                        |   | <del></del>    | 27                                   |                           |           |             | 5.  | Certificate of Status Design          | red 🔲       | ¥ - · - •   | Required      |
| City & Stat  | e                      | ······································  |                | City & State                         |                           |           |             | 8   | Election Campaign Finan               | cina        |             | May Be        |
| 23   |                        |   | — ·            | 28                                   |                           |           |             | 1   | Trust Fund Contribution               |             |             | to Fees       |
| Zip Country  |                        |   | <del></del>    | Zip Country                          |                           |           |             | _   | This corporation owes or              |             |             | <del></del>   |
| 24   |                        | 25                                      | 29             | 31                                   | ¬ '                       |           |             | "   | Personal Property Tax du              |             | al-materia. | □ No          |
|  | 9, Name                | and Address of Curre                    |                |                                      | <del>-</del>              |           |             | 10.   | Name and Address of N                 |             |             |               |
| VD.  | ž. <u></u>             | 81                                      | Na             | me                                   |                           |           |             |   |                                       |             |             |               |
|  | AMER, FRE              |   |                |                                      | <u> </u>                  | <u> </u>  |             |   |                                       |             |             |               |
| ł  |                        | R BOULEVARD                             |                | 82 Street A                          |                           |           | eet Addres  | ess (P  | O. Box Number is Not Ac               | ceptable)   |             |               |
|  | ITE 201                | ID EL 04445                             |                |                                      | 63                        | -         |             |   |                                       |             |             |               |
| MA   | IHUU ISLAM             | ND FL 34145                             |                |                                      |                           |           |             |   |                                       |             |             |               |
|  |                        |   |                |                                      | 84                        | City      | у           |   |                                       | F           | B5 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 title if applicable (NOTE Registered Agent signature required when reinstating) DATE  |                        |   |                |                                      |                           |           |             |   |                                       |             |             |               |
| 12.  |                        | OFFICERS AI                             | ND DIRECTORS   |                                      | 13.                       |           |             | A   | ADDITIONS/CHANGES TO                  | OFFICERS A  | ND DIRECTO  | RS IN 12      |
| TITLE  | PST                    |   |                | DELETÉ                               | 1.1 TITLE                 |           |             |   |                                       |             | ☐ Change    | ☐ Addition    |
| NAME   | KRAMEF                 | R, FREDERICK C                          |                |                                      | 1.2 NAME                  |           |             |   |                                       |             |             | ĺ             |
| STREET ADDRESS   |                        | TTAGE COURT                             |                |                                      | 1.3 STREET                | ADDRE     | ESS         |   |                                       |             |             |               |
| CITY-ST-ZIP  |                        | ISALND FL                               |                |                                      | 1.4 CITY - S              | T-ZIP     | i           |   |                                       |             |             |               |
| TITLE  |                        | 131111111111111111111111111111111111111 |                | DELETE                               | 2.1 TITLE                 |           |             |   | · · · · · · · · · · · · · · · · · · · |             | Change      | Addition      |
| NAME   |                        |   |                |                                      | 2.2 NAME                  |           |             |   |                                       |             | _           |               |
| STREET ADDRESS   |                        |   |                |                                      | 2.3 STREET                | ADDRE     | ESS         |   |                                       |             |             |               |
| CITY-ST-ZIP  |                        |   |                | 2.40                                 |                           |           | 1           |   |                                       |             |             |               |
| TITLE  |                        |   |                | DELETE                               | 3.1 TITLE                 | 31-211    |             |   | · · · · · · · · · · · · · · · · · · · |             | Change      | Addition      |
| NAME   |                        |   |                |                                      | 3.2 NAME                  |           |             |   |                                       |             |             |               |
| STREET ADDRESS   |                        |   |                |                                      | 3.3 STREET                | ANNAE     | 229         |   |                                       |             |             |               |
| CITY-ST-ZIP  |                        |   |                |                                      | 3.4. CITY - 9             |           | į.          |   |                                       |             |             |               |
| TITLE  |                        | <del></del>                             | <del></del>    | DELETE                               | 4.1 TITLE                 | J1 - E11" |             |   | <del></del>                           |             | Change      | Addition      |
| NAME   |                        |   |                |                                      | 4.2 NAME                  |           |             |   |                                       |             |             |               |
| STREET ADDRESS   |                        |   |                |                                      | 4.2 NAME                  | KOOPE     |             |   |                                       |             |             |               |
|  |                        |   |                |                                      |                           |           |             |   |                                       |             |             | ľ             |
| CITY-ST-ZIP<br>TITLE   | <del></del>            |   |                | DELETE                               | 4.4 CITY - S<br>5.1 TITLE | 11-217    |             |   |                                       |             | Change      | Addition      |
| NAME   |                        |   |                |                                      | 5.1 NAME                  |           |             |   |                                       |             | - ordingo   | , wanton      |
| J  |                        |   |                |                                      |                           | 10000     |             |   |                                       |             |             | ļ             |
| STREET ADDRESS   |                        |   |                |                                      | 5.3 STREET                |           | :55         |   |                                       |             |             |               |
| CITY-ST-ZIP  |                        |   | <del></del>    | DELETE                               | 5.4 CITY-S                | ı - ZIP   | <del></del> |   |                                       |             | Change      | Addition      |
| TITLE  |                        |   | l              | - PECEIE                             | 6.1 TITLE                 |           |             |   |                                       |             | L. Urange   | T3 vanision   |
| NAME   |                        |   |                |                                      | 6.2 NAME                  |           |             |   |                                       |             |             | 1             |
| STREET ADDRESS   |                        |   |                |                                      | 6.3 STAEET                |           | :88         |   |                                       |             |             | İ             |
| CITY-ST-ZIP  | notation at the and at | n information acception                 | with this file | a mak musik st                       | 6.4 CITY-S                |           | 101-01-01   | \a_a*!-   | - 440 07(0)(0 50-14- 0)               | . A 1 £ :=4 |             | . (-4         |
| 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 if changed, or on an attachment with an address. |                        |   |                |                                      |                           |           |             |   |                                       |             |             |               |