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

PROFIT CORPORÁTION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Feb 25 1998 8:00am

Secretary of State

CR2E034 (10/97

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Corporation Name

NAME

STREET ADDRESS

CITY - ST - ZIP

P96000103984 (6)

FIRST TITLE AND ABSTRACT OF MONROE COUNTY, INC.

Principal Place of Business Mailing Address 1010 KENNEDY DRIVE 1010 KENNEDY DRIVE SUITE 300 SHITE 300 KEY WEST FL 33040 DO NOT WRITE IN THIS SPACE KEY WEST FL 33040 3. Date Incorporated or Qualified 12/30/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 21 26 65-0713636 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCCORMICK, MICHAEL 2701 GATEWAY DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33069 83 RΔ City 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. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition MCCORMICK, MICHAEL M NAME 1.2 NAME 2701 GATEWAY DRIVE STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL 33069 CITY-ST-7IP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME UTECHT, RHONDA J 2.2 NAME 2701 GATEWAY DRIVE STREET ADDRESS 2.8 STREET ADDRESS POMPANO BEACH FL 33069 CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE TITLE 3.1 TITLE ■ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZiP TITLE DELETE 4.1 TITLE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition

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

6.2 NAME

**6.3 STREET ADDRESS** 

6.4 CiTY-ST-ZiP