FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90600 043 ***158.75

FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9700 1. Enlity Name NATIONAL TITLE SEA	DO 12762 С5 гсн Сопр.)			01-21-2003 90600	043 ****138./3
DO NOT WRITE IN THIS SPACE				90007508		
2. Principal Place of Business 2 104 ACT 19 Worth Suite, Apt. #, etc.	3. Mailing Address AIOY ALT 19 Nonth Suite, Apt. #, etc.			, DO NOT WRITE IN THIS SPACE		
City & State PAIM HARBOR, FI	City & State PALM HARbo	<u>ه ۲</u>	4. FEI Number 59 → 342		Applied For Not Applicable	
Shore 34683 Country	34683 Count		try S.A.	5. Certificate of Status Desired \$8.75 Additional Fee Required		e Required.
DO NOT WRITE IN THIS SPACE			Name A.A. Street Address (2.100) City PAIn	(P.O. Box Number is Not Acceptable) ACT 19 Non 11 #8		
8. The above named entity submits this statement for the obligations of registered agent.	or the purpose of changing its	register			e State of Florida. I am fam	
SIGNATURE Signafra, typed or printed name of registered gent			TURBAN d Agent signature required	Vice President When reinstating)	7 JAN 14.	2003
January 1 - May 1 Fee (\$\frac{1}{2}\)5550.00 After May 1, Fee is \$\frac{1}{2}\)5550.00 Amended UBR is \$\frac{1}{2}\)561.25 Make Check Payable to Florida Department o		,		· ·	ampaign Financing	\$5.00 May Be Added to Fees
10. OFFICERS AND						3)
CITY-ST-ZIP PAIN HAPBOR PI	onth 34683		į.			CR2E034B (12/02)
STREET ADDRESS 204 ALT 19 N	VIOL GRESIDENT ALAN TURBIN 2104 ALT 19 NORTH PAIN HANGOZ, PI 34683		E E ET AODRESS -ST-ZIP			
NAME NORMAN NOVITSE			E E ET ADDRESS -ST-ZIP	DO NOT WRITE		
TITLE VICE PRESIDENT MAME EN MANSH STREET ADDRESS QIOY ALT 19 A	VICE PRESIDENT EN MANSH Q104 ALT 19 North		E E ET ADDRESS -ST-ZIP	IN THIS SPACE		E
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1	·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		CITY	E et address - St-Zip			
12. I hereby certify that the information supplied with this titing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address, with a other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Daytime Phone #						
SIGNATURE: ALAN I CABIN VICE PRESIDENT 727 771 - 4000 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Dayling Phone #						