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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000035704

REAL ESTATE CLOSING SERVICES, INC.

Principal Place of Business		Mailing Address							
8970 YEARLING DRIVE LAKE WORTH FL 33467		8970 YEARLING DRIVE LAKE WORTH FL 33467							
					DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			
						04/22/1997			
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		- Ar	oplied For
— '	ace or business		26			65-0749673		<u> </u>	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					 _	Additional
22		⊢	27			5. Certifcate of Status Desired			equired
City & State	8		City & State			6. Election Campaign Financing		\$5.00	May Be
23		<u>⊢</u> .	28			Trust Fund Contribution			to Fees
Zip	Country	Zip				8. This corporation owes the curre	nt year Int	angible	
24	25 29 30		30			Personal Property Tax.		Yes	□No
1	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New R	egistered .	Agent		
				81	Name				
PALI	MA, LISA					fress (P.O. Box Number is Not Accepta	ble)		
8970	YEARLING DR					iress (1.0. Box Humber is Not Accepte	510)		
LAKE	WORTH FL 33467								"
	, .			84	City			85 Zip	Code
							<u>FL</u>		
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute: e of Florida, Such change was au	s, the at thorized	ove by 1	:-named corporat	poration submits this statement for the tion's board of directors. I hereby accep	ourpose of t the appoi	cnanging its ntment as rr	s registered egistered
agent. I a	m familiar with, and accept the oblig	pations of, Section 607.0505, Flori	da Statu	ites.	,	tion's board of directors. I hereby accep	1	-100	
SIGNATURE	π , ι , ι	Malna)			red when reinstating)	DATE	444	
12.		AND DIRECTORS	13.	<u>`</u> -		ADDITIONS/CHANGES TO OFF	ICERS AN	ID DIRECTO	ORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLS					☐ Change	☐ Addition
NAME	PALMA, LISA P		1.2 NAM						-
STREET ADDRESS	8970 YEARLING DRIVE		1.3 STRI		ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL 33467		1.4 CITY-ST-ZIP		r-zip		_	_	
TITLÉ			2.1 TIT	LE				☐ Change	☐ Addition
NAME		22		ME					
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP			2.4 CITY-ST-ZIP		T-ZIP				
TITLE		☐ DELETE	TE 3.1 TITLE					Change	☐ Addition
NAME	. 32		32 NA	MÉ					
STREET ADDRESS	3.3		3.3 ST	REET	ADDRESS				ļ
CITY-ST-ZIP			3.4. CI	TY-S	T-ZIP				
TITLE		☐ DELETE	4.1 111	LE				Change	☐ Addition
NAME	4.2		4.2 N	ME					
STREET ADDRESS	RESS 43		4.3 ST	4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CT	Y-ST	r-ziP	<u></u>			
TITLE		☐ DELETE	5.1 TIT	LE				☐ Change	Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET	TADORESS				
CITY-ST-ZIP			5.4 CI	ry-\$1	T-ZIP				
TITLE		☐ DELETE	6.1 TT	lΕ				Change	☐ Addition
NAME			6.2 NA	ME					
OTTO:	}		63 ST	REET	TADDRESS				(

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 ontan arachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)

May 05, 1999 8:00 am Secretary of State

05-05-1999 90035 019 ***150.00