

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

FILED  
May 13, 1999 8:00 am  
Secretary of State

05-13-1999 90013 045 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000085062 ✓

1. Corporation Name

INDIAN RIVER TITLE & ESCROW COMPANY

Principal Place of Business

Mailing Address

3201 CARDINAL DRIVE  
SUITE P4  
VERO BEACH, FL 32963

3201 CARDINAL DRIVE  
SUITE P4  
VERO BEACH, FL 32963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/97

4. FEI Number

65-0807055

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 201 N.E. FIRST AVENUE  
Suite, Apt. #, etc.

23 City & State

27 City & State  
28 DELRAY BEACH, FL

24 Zip

Country

29 Zip

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRIAN LOUIS LIPSHY  
1200 N. FEDERAL HIGHWAY, SUITE 417  
BOCA RATON, FL 33432

81 Name

BRIAN LOUIS LIPSHY

82 Street Address (P.O. Box Number is Not Acceptable)

201 N.E. FIRST AVENUE

83

84 City

DELRAY BEACH

FL

85 Zip Code

33444

11. Pursuant to the provisions of Sections 607.052 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 duties of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, type/print name of agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME BRIAN LOUIS LIPSHY  
STREET ADDRESS 1200 N. FEDERAL HIGHWAY, SUITE 417  
CITY-ST-ZIP BOCA RATON, FL 33432 ☐ DELETE

1.1 TITLE DP  
1.2 NAME BRIAN LOUIS LIPSHY  
1.3 STREET ADDRESS 201 N.E. FIRST AVENUE  
1.4 CITY-ST-ZIP DELRAY BEACH, FL 33444 ☒ Change ☐ Addition

TITLE DVT  
NAME MITCHELL B. MALVAN  
STREET ADDRESS 3201 CARDINAL DR., SUITE P4  
CITY-ST-ZIP VERO BEACH, FL 32563 ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE/PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4-30-99

CR2E034 (11/98)