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**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90208 044 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P98000065389**

1. Corporation Name

**A-1 TITLE OF AVENTURA, INC.**

Principal Place of Business

**20895 EAST DIXIE HIGHWAY, 2ND FLOOR  
AVENTURA FL 33180**

Mailing Address

**20895 EAST DIXIE HIGHWAY, 2ND FLOOR  
AVENTURA FL 33180**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

**07/23/1998**

4. FEI Number

☒ Applied For  
☐ No: Applicable

2. Principal Place of Business

**21 721 U. S. Highway One**

2a. Mailing Address

**26 721 U.S. Highway One**

Suite, Apt. #, etc.

**22 #209**

Suite, Apt. #, etc.

**27 #209**

City & State

**23 North Palm Beach FL**

City & State

**28 North Palm Beach, FL**

Zip

**24 33408**

Country

**25 Palm Beach**

Zip

**29 33408**

Country

**30 Palm Beach**

9. Name and Address of Current Registered Agent

**REESE, ALAN D**

~~20895 EAST DIXIE HIGHWAY, 2ND FLOOR  
AVENTURA FL 33180~~

10. Name and Address of New Registered Agent

81 Name

**Alan D. Reese**

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

**721 U. S. Highway One, #209**

83

**North Palm Beach, FL 33408**

84 City

**FL**

85 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]*

**Alan D. Reese**

**4/26/99**

Signature, typed or printed in me as registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **Director, [Signature]** ☐ DELETE

NAME **Alan D. Reese**

STREET ADDRESS **721 U.S. Hwy 1, #209**

CITY-ST-ZIP **North Palm Bch. FL 33408**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*[Signature]*

**Alan D. Reese**

**4/26/99**

**(561) 842-7226**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)