

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 # P98000088494

1. Corporation Name

PERFECT TITLE SERVICES, INC.

Principal Place of Business  
1826 NORTH PINE ISLAND ROAD  
PLANTATION FL 33322

Mailing Address  
1826 NORTH PINE ISLAND ROAD  
PLANTATION FL 33322

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90003 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/16/1998

4. FEI Number

☒ 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

21 300 N.W. 82 Avenue

26 300 N.W. 82 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 110

27 110

City & State

City & State

23 Plantation, FL

28 Plantation, FL

Zip Country

Zip Country

24 33324

25 USA

29 33324

30 USA

9. Name and Address of Current Registered Agent

GREENE, RICHARD P P.A.  
2455 EAST SUNRISE BLVD.  
SUITE 905  
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name

Steven Gerson

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

300 N.W. 82 Avenue

83

Suite 110

84 City

Plantation,

FL

85 Zip Code

33324

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

*Steven Gerson*

(Steven Gerson)

3/3/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D  
GERSON, STEVE  
STREET ADDRESS 1826 NORTH PINE ISLAND ROAD  
CITY-ST-ZIP PLANTATION FL 33322

TITLE ☐ DELETE  
NAME D  
DEARMAN, MARK  
STREET ADDRESS 1826 NORTH PINE ISLAND ROAD  
CITY-ST-ZIP PLANTATION FL 33322

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.

1.1 TITLE P/T/D  
1.2 NAME STEVEN GERSON  
1.3 STREET ADDRESS 300 N.W. 82 AVENUE, SUITE 110  
1.4 CITY-ST-ZIP PLANTATION, FL 33324

2.1 TITLE V/S/D  
2.2 NAME MARK DEARMAN  
2.3 STREET ADDRESS 300 N.W. 82 AVENUE, SUITE 110  
2.4 CITY-ST-ZIP PLANTATION, FL 33324

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

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

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

6.1 TITLE  
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:

*Steven Gerson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99 (954) 915-8888

Date Daytime Phone #

CR2E034 (1/98)