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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 11:31

DOCUMENT # **S58485** **(1)**

1. Corporation Name
COLONIAL TITLE OF PLANTATION, INC.

Principal Place of Business	Mailing Address
7301 NORTHWEST 4TH ST STE 109 PLANTATION FL 33317	7301 NORTHWEST 4TH ST STE 109 PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/06/1991**
3a. Date of Last Report: **01/19/1994**

2. Principal Place of Business	2a. Mailing Address
21 7301 N.W. 4TH ST.	26 7301 N.W. 4TH STREET
Suite, Apt. #, etc. 22 SUITE 110	Suite, Apt. #, etc. 27 SUITE 110
City & State 23 PLANTATION, FL.	City & State 28 PLANTATION, FL.
Zip / Country 24 33317 / 25 BROWARD	Zip / Country 29 33317 / 30 BROWARD

4. FEI Number: **65-0264846** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MULLEN, JOSEPH P. 7301 NW 4TH ST. #109 PLANTATION FL 33317	81 Name SUSAN HURST 82 Street Address (P.O. Box Number is Not Acceptable) 7301 N.W. 4 STREET #110 83 84 City PLANTATION FL 85 Zip Code 33317

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: _____ SUSAN HURST, V.P. 3/31/95
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	MULLEN, JOSEPH P.	12 NAME		
STREET ADDRESS	20 SENECA RD	13 STREET ADDRESS		
CITY ST ZIP	SEA RANCH LAKES FL	14 CITY ST ZIP		
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	HURST, SUSAN	22 NAME		
STREET ADDRESS	5631 SW 8TH COURT	23 STREET ADDRESS		
CITY ST ZIP	PLANTATION FL	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ V.P. 3/31/95 (305) 581-2555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
SUSAN HURST, VICE PRESIDENT

0237640 CP