

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

FILED

Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S58485

(1)

1. Corporation Name

COLONIAL TITLE OF PLANTATION, INC.



Principal Place of Business

7301 NORTHWEST 4TH ST
SUITE 110
PLANTATION FL 33317
US

Mailing Address

7301 NORTHWEST 4TH ST
SUITE 110
PLANTATION FL 33317-2234
US

3. Date Incorporated or Qualified

06/06/1991

3a. Date of Last Report

05/01/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

HURST, SUSAN
76301 NW 4TH STREET
SUITE 110
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name Joseph P. Mullen
82 Street Address (P.O. Box Number is Not Acceptable)
2929 E. Commercial Blvd.
Suite PH-C
83 City Ft. Lauderdale
84 FL 85 Zip Code 33308

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

Joseph P. Mullen

1/8/97

Signature of field or protest agent of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D MULLEN, JOSEPH P. ☐ DELETE
NAME
STREET ADDRESS 20 SENECA RD
CITY-ST-ZIP SEA RANCH LAKES FL

TITLE V HURST, SUSAN ☐ DELETE
NAME
STREET ADDRESS 5631 SW 8TH COURT
CITY-ST-ZIP PLANTATION FL

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 V Pres. ☐ Change ☒ Addition
1.2 NAME DEBORAH L BIZZARRO
1.3 STREET ADDRESS SUITE PH-C
1.4 CITY-ST-ZIP 2929 E. Commercial Blvd
Ft. Lauderdale FL 33308 ☐ Change ☐ Addition

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 do 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.

SIGNATURE:

Joseph P. Mullen

1/8/97

(954) EXT 11
772-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)