

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.**  
**AMOUNT DUE ON OR BEFORE 4/5/95: \$225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$375**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

**DOCUMENT # V49740 (6)**  
 1. Corporation Name  
**FINESSE REFINISHERS, INC.**

**95 JUN 29 AM 8: 31**

Principal Place of Business Mailing Address  
**1001 STARKEY RD #680 LARGO FL 34641**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
 21 **1001 STARKEY RD** 26 **1001 STARKEY RD**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 **# 680** 27 **# 680**  
 City & State City & State  
 23 **LARGO FL** 28 **LARGO**  
 Zip Country Zip Country  
 24 **34641** 25 **FL** 29 **FL** 30 **34641**

3. Date Incorporated or Qualified 3a. Date of Last Report  
**07/09/1992** **05/01/1994**  
 4. FEI Number Applied For  
**59-3132606** 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  
**BRUCK, ANNE L**  
**1001 STARKEY RD**  
**#680**  
**LARGO FL 34641**

10. Name and Address of New Registered Agent  
 B1 Name **ANNE L. BRUCK**  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
**1001 STARKEY RD**  
 B3 **# 680**  
 B4 City **LARGO** FL B5 Zip Code **34641**

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 *Anne L. Bruck* DATE *June 24, 1995*  
(Signature, typed or printed name of registered agent and title of corporation) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>BRUCK, ANNE L</b>
STREET ADDRESS	<b>1001 STARKEY RD #680</b>
CITY - ST - ZIP	<b>LARGO FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>REGISTERED AGENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>BRUCK, ANNE L</b>
13 STREET ADDRESS	<b>1001 STARKEY RD #680</b>
14 CITY - ST - ZIP	<b>LARGO FL 34641</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(k), 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: *Anne L. Bruck* *Anne L. Bruck* *June 24, 1995 (813) 572-9141*  
(Signature and typed or printed name of signing officer or director) (Date) (System/Phone #)

CR2E034 (3/95)

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra E. McLaughry  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN 29 10 00 AM '95

DOCUMENT # **V50864** (0)

1. Corporation Name  
**GREATER MIAMI TITLE, INC.**

Principal Place of Business <b>9350 S DIXIE HWY PH-2 MIAMI FL 33156</b>	Mailing Address <b>9350 S DIXIE HWY PH-2 MIAMI FL 33156</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>07/15/1992</b>	3a. Date of Last Report <b>10/04/1994</b>
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2. Principal Place of Business 21	2a. Mailing Address 26
22	27
23	28
24	29
25	30

4. FEI Number <b>65-0350808</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent  
**ROTH, LEONARDO A.  
9350 S DIXIE HWY  
PH-2  
MIAMI FL 33156**

10. Name and Address of New Registered Agent

01 Name	
02 Street Address (P.O. Box Number is Not Acceptable)	
03	
04 City	<b>FL</b>
05 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 this 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>
NAME	<b>SMITH, RONALD</b>
STREET ADDRESS	<b>9350 S DIXIE HWY PH-2</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>VST</b>
NAME	<b>SMITH, RONALD</b>
STREET ADDRESS	<b>9350 S DIXIE HWY PH-2</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental filing 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; and that I make 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 addition.

SIGNATURE: \_\_\_\_\_ DATE: **5-8-95** (805) 670-5090