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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 16 1997 8:00am

Secretary of State

☐ Change

Addition

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000029424 (5)

ALL ISLAND TITLE, INC.

TITLE

NAME

STREET ADDRESS

Principal Place of Business Mailing Address 1300 N FEDERAL HIGHWAY 1300 N FEDERAL HIGHWAY SUITE 107 BOCA RATON FL 33432 BOCA RATON FL 33432-2					
				3. Date Incorporated or Qualified 04/14/1995	3a. Date of Last Report 05/01/1996
	Place of Business	2a, Mailing Address		4. FEI Number	Applied For
Suite, Apt.	₩, etc.	Suite, Apt #, etc.		65-0591841	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24			Country	Florida Statutes Yes No	
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Reg	istered Agent
BRIAN W. BROAD 1300 N FEDERAL HWY STE 107 BOCA RATON FL 33432				ess (P.O. Box Number is Not Acceptable)	
			84 City		85 Zip Code
SIGNATURE	im familiar with and accept the delign	· Vrisad	da Statutos. Registered Agent signature requir	poration submits this statement for the prion's board of directors. I hereby accepted when reinstating	11/97
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	D DOLL DOLL W	☐ DELETE	: 1.1 TITLE		Change Addition
NAME STREET ADDRESS	BROAD, BRIAN W 1300 N FEDERAL HIGHWAY S	SUITE 107	1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY-ST-7IP		
TITLE		☐ DELETE	2 1 TITLE	·	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS	. :	
CITY-ST-ZIP TITLE		☐ DETELE	2 4 CITY-ST-ZIP		Change Addition
NAME		□ Mill	3.2 NAME		m sneade m vogition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DCLETE	4.1 YITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T corre	4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
UHY-SI-ZB'			5.4 CITY - ST - ZIP		

DELETE

6.1 TITLE

6.2 NAME

63 STREET ADDRESS 64 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 eath; 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 it effanged, or on an attachnight with an address.