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FILED
May 23 1997 8:00am
Secretary of State



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

PROFIT CORPORATION
ANNUAL REPORT
1997

DOCUMENT # 380700 (5)
1. Corporation Name
PROFESSIONAL TITLE INSURANCE AGENCY, INC.



Principal Place of Business Mailing Address
3067 E COMMERCIAL BLVD 3067 E COMMERCIAL BLVD
FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308-43

3. Date Incorporated or Qualified 04/19/1971
3a. Date of Last Report 05/01/1996
4. FEI Number 59-1366993 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 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
PETERS, DENNIS F
3067 E COMMERCIAL BLVD
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Table with 12 rows for Officers and Directors. Columns include Title, Name, Street Address, City-St-Zip, and a Delete checkbox. Entries include PD PETERS, DENNIS F, STD MAGER, MARTHA A, and VPD BABBITT, CATHERINE L.

Table with 13 rows for Additions/Changes to Officers and Directors in 12. Columns include Title, Name, Street Address, City-St-Zip, and checkboxes for Change and Addition.

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, unchanged, or on an attachment with an address.

SIGNATURE: [Signature] DENNIS F PETERS S. 9. 97 954. 771. 4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)