

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # M24788  
1. Corporation Name  
**ENTERPRISE TITLE, INC.**

Principal Place of Business  
**10081 PINES BLVD.  
SUITE C  
PEMBROKE PINES, FL 33024**

Mailing Address  
**SAME**

3. Date Incorporated or Qualified <b>12-18-85</b>	3a. Date of Last Report <b>1995</b>
4. FEI Number <b>59-2622484</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>10081 PINES BLVD.</b>	2a. Mailing Address 26 <b>SAME</b>
22 Suite, Apt. #, etc. <b>SUITE C</b>	27 Suite, Apt. #, etc.
23 City & State <b>PEMBROKE PINES, FLORIDA</b>	28 City & State
24 Zip <b>33024</b>	25 Country <b>BROWARD</b>
29 Zip	30 Country

9. Name and Address of Current Registered Agent  
**BC CORPORATE SERVICES  
175 N.W. 1ST AVENUE  
MIAMI, FLORIDA 33128**

10. Name and Address of New Registered Agent  
81 Name **ARNOLD STRAUS, JR.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**10081 PINES BLVD. SUITE C**  
83  
84 City **PEMBROKE PINES** **FL** 85 Zip Code **33024**

11. Pursuant to the provisions of Sections 607.0702 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: *Arnold Straus Jr.* DATE: **5-31-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MIKE SEGAL 175 N.W. 1ST AVE. MIAMI, FL 33128</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S JAMES CASSEL 175 N.W. 1ST AVE. MIAMI, FL 33128</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

**P, D**  Change  Addition  
**ARNOLD STRAUS**  
**10081 PINES BLVD., SUITE C**  
**PEMBROKE PINES, FL 33024**  
**V, S**  Change  Addition  
**DONNA W. STRAUS**  
**10081 PINES BLVD. SUITE C**  
**PEMBROKE PINES, FL 33024**  
**100001856781**  Change  Addition  
**-06/10/96--01017--022**  
**\*\*\*233.75**

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)(b), 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: *Arnold Straus Jr.* DATE: **5-31-96** **305/431 2000**

CP2E034 (12/95)