

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 12-18-85	3a. Date of Last Report 1995
4. FEI Number 59-2622484	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 10081 PINES BLVD.	2a. Mailing Address 26 SAME
Suite, Apt. #, etc. 22 SUITE C	Suite, Apt. #, etc. 27
City & State 23 PEMBROKE PINES, FLORIDA	City & State 28
Zip 24 33024	Country 25 BROWARD
Zip 29	Country 30

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
85 State FL
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

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	MIKE SEGAL
STREET ADDRESS	175 N.W. 1ST AVE.
CITY-ST-ZIP	MIAMI, FL 33128
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	JAMES CASSEL
STREET ADDRESS	175 N.W. 1ST AVE.
CITY-ST-ZIP	MIAMI, FL 33128
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ARNOLD STRAUS
1.3 STREET ADDRESS	10081 PINES BLVD., SUITE C
1.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33024
2.1 TITLE	V, S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DONNA W. STRAUS
2.3 STREET ADDRESS	10081 PINES BLVD. SUITE C
2.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33024
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	100001856781 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-06/10/96--01017--022
5.3 STREET ADDRESS	***233.75
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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** TELEPHONE: **305/431-2000**

CR2E034 (12/95)