

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M72826** (4)

1. Corporation Name  
**EQUITY CLOSING & TITLE SERVICES, INC.**



Principal Place of Business Mailing Address  
**% BRUCE S. KAUFMAN  
400 W GRANADA BLVD  
ORMOND BEACH FL 32174-5102**

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.

3. Date Incorporated or Qualified **03/11/1988** 3a. Date of Last Report **03/07/1995**  
4. FEI Number **59-2887983** 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

9. Name and Address of Current Registered Agent

**KAUFMAN, BRUCE S.  
400 W GRANADA BLVD  
ORMOND BEACH FL 32174**

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 607.0702 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 607.0405, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME	<b>DPS KAUFMAN, BRUCE S.</b>	<input type="checkbox"/> DELETE
STREET ADDRESS	<b>400 W GRANADA BLVD</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>KAUFMAN, BRUCE S.</b>	
STREET ADDRESS	<b>400 W GRANADA BLVD</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	
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

11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. STREET ADDRESS	
13. CITY-ST-ZIP	
14. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME	
16. STREET ADDRESS	
17. CITY-ST-ZIP	
18. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. NAME	
20. STREET ADDRESS	
21. CITY-ST-ZIP	
22. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. NAME	
24. STREET ADDRESS	
25. CITY-ST-ZIP	
26. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. NAME	
28. STREET ADDRESS	
29. 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/23/96* (904) 672-1984  
Date Registered Phone

CR2E034 (12/95)