

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

**FILED**

**Mar 09 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M92650 (4)**

1. Corporation Name  
**ASHLEY TITLE COMPANY**



Principal Place of Business <b>% IRA R. SHAPIRO 13899 BISCAYNE BLVD. #400 MIAMI FL 33181</b>	Mailing Address <b>% IRA R. SHAPIRO 13899 BISCAYNE BLVD. #400 MIAMI FL 33181</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/01/1988**

2. Principal Place of Business 21 <b>16375 N.E. 18<sup>th</sup> Ave</b> Suite, Apt. #, etc. 22 <b>#225</b> City & State 23 <b>N. Miami Beach, FL</b> Zip 24 <b>33162</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>16375 N.E. 18 Ave</b> Suite, Apt. #, etc. 27 <b>#225</b> City & State 28 <b>N. Miami Beach, FL</b> Zip 29 <b>33162</b> Country 30 <b>USA</b>
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4. FEI Number  
**65-0063796**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**SHAPIRO, IRA R.  
~~13899 BISCAYNE BLVD.~~  
~~MIAMI FL 33181~~**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**16375 N.E. 18 Ave**  
83 **#225**  
84 City **N. Miami Beach FL** 85 Zip Code **33162**

11. Pursuant to the provisions of Sections 607.0802 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SHAPIRO, IRA R.</b>	
STREET ADDRESS	<del>13899 BISCAYNE BLVD.</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>GORDON, ANN</b>	
STREET ADDRESS	<del>13899 BISCAYNE BLVD.</del>	
CITY-ST-ZIP	<del>MIAMI FL</del>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>16375 N.E. 18 Ave. #225</b>
1.4 CITY-ST-ZIP	<b>N. Miami Beach, FL 33162</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>16375 N.E. 18 Ave #225</b>
2.4 CITY-ST-ZIP	<b>N. Miami Beach, FL 33162</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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 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 if changed, or on an attachment with an address

SIGNATURE:  **2-6-98 (305) 944-3936**

CR2E034 (10/97)