

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 # P93000046398 (2)

1. Corporation Name
AG TITLE CORPORATION



Principal Place of Business
**2601 S BAYSHORE DR
9TH FLOOR
MIAMI FL 33133-5461**

Mailing Address
**2601 S BAYSHORE DR
9TH FLOOR
MIAMI FL 33133-5461**

3. Date Incorporated or Qualified **06/20/1993** 3a. Date of Last Report **04/28/1995**
4. FET Number **65-0436600** 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., n., etc. 26 Suite, Apt., n., etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANGLEY, MARCIA H
2601 S BAYSHORE DR
9TH FLOOR
MIAMI FL 33133-5461**

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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or prepared name of registered agent and state (applicable)

(NOT) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	JEFFREY, THOMAS W	
STREET ADDRESS	2601 S BAYSHORE DR	
CITY- ST- ZIP	MIAMI FL 33133	
TITLE	DPAS	<input type="checkbox"/> DELETE
NAME	LANGLEY, MARCIA H	
STREET ADDRESS	2601 S BAYSHORE DR	
CITY- ST- ZIP	MIAMI FL 33133	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	FISCHER, JOHN H	
STREET ADDRESS	2601 S BAYSHORE DR 9TH FL	
CITY- ST- ZIP	MIAMI FL 33133-5461	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, JULIO J	
STREET ADDRESS	2601 S BAYSHORE DR	
CITY- ST- ZIP	MIAMI FL 33133	
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 checked="" type="checkbox"/> Addition
1.2 NAME	VS
1.3 STREET ADDRESS	Goldman, Joel K.
1.4 CITY- ST- ZIP	2601 S. Bayshore Drive
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cartleton, Callis N.
2.3 STREET ADDRESS	2601 S. Bayshore Drive
2.4 CITY- ST- ZIP	Miami, FL 33133
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	400001783454
5.3 STREET ADDRESS	-04/17/96--01020--046
5.4 CITY- ST- ZIP	***200.00
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)(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:

Joel K. Goldman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96

305-859-4071

Title

Daytime Phone #

CP2E034 (12/95)

22
4-16