

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

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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**FILED**

98 FEB 18 PM 3: 32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P93000046398 (2)**  
 1. Corporation Name  
**AG TITLE CORPORATION**

Principal Place of Business <b>2601 S BAYSHORE DR 9TH FLOOR MIAMI FL 33133-5461</b>	Mailing Address <b>2601 S BAYSHORE DR 9TH FLOOR MIAMI FL 33133-5461</b>
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3. Date Incorporated or Qualified <b>06/20/1993</b>	
4. FEI Number <b>65-0436600</b>	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	29
25	30

**9. Name and Address of Current Registered Agent**

**GOLDMAN, JOEL K  
2601 S BAYSHORE DR  
9TH FLOOR  
MIAMI FL 33133-5461**

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>DV</b>	<input type="checkbox"/>
NAME	<b>JEFFREY, THOMAS W</b>	
STREET ADDRESS	<b>2601 S BAYSHORE DR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33133</b>	
TITLE	<b>PS</b>	<input type="checkbox"/>
NAME	<b>LANGLEY, MARCIA H</b>	
STREET ADDRESS	<b>2601 S BAYSHORE DR</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VTD</b>	<input type="checkbox"/>
NAME	<b>FISCHER, JOHN H</b>	
STREET ADDRESS	<b>2601 S BAYSHORE DR 9TH FL</b>	
CITY-ST-ZIP	<b>MIAMI FL 33133-5461</b>	
TITLE	<b>DVAS</b>	<input type="checkbox"/>
NAME	<b>GOLDMAN, JOEL K.</b>	
STREET ADDRESS	<b>2601 S BAYSHORE DR</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VASC</b>	<input checked="" type="checkbox"/>
NAME	<b>CARLETON, CALLIS N.</b>	
STREET ADDRESS	<b>2601 S BAYSHORE DR</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	<b>200002435702--0</b>		
1.4 CITY-ST-ZIP	<b>-02/19/98--01104--010</b>		
2.1 TITLE	<b>***158.75</b>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>***150.00</b>		
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<b>VASC</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	<b>Cook, Paula</b>		
5.3 STREET ADDRESS	<b>2601 S. Bayshore Drive</b>		
5.4 CITY-ST-ZIP	<b>Miami FL 33133</b>		
6.1 TITLE	<b>V</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	<b>Laguardia, John</b>		
6.3 STREET ADDRESS	<b>2601 S. Bayshore Drive</b>		
6.4 CITY-ST-ZIP	<b>Miami, Florida 33133</b>		

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.

CR2E034 (10/97)