

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90021 015 \*\*\*550.00



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

DOCUMENT # **P95000015744**  
 Corporation Name

**U.S. TITLE & ESCROW INC.**



Principal Place of Business  
 715 EAST OAKLAND PARK BLVD.  
 STE 100  
 FORT LAUDERDALE FL 33306  
 US

Mailing Address  
 2715 E OAKLAND PARK BLVD.  
 STE 100  
 FORT LAUDERDALE FL 33306  
 US

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 26

Suite, Apt. #, etc.  
 27

City & State  
 28

Zip Country  
 25

2a. Mailing Address  
 26

Suite, Apt. #, etc.  
 27

City & State  
 28

Zip Country  
 29 30

3. Date Incorporated or Qualified  
**02/27/1995**

4. FEI Number  
**59-3300551**

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 the current year Intangible Personal Property.  Yes  No

9. Name and Address of Current Registered Agent  
**SENESI, FRED P**  
**2715 E. OAKLAND PARK BLVD.**  
**STE. 100**  
**FORT LAUDERDALE FL 33306**

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

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
E IE EET ADDRESS /-ST-ZIP	<b>P</b> <b>SENESI, FRED P</b> <b>2715 E OAKLAND PARK BLVD.</b> <b>FT. LAUDERDALE FL</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
E IE EET ADDRESS /-ST-ZIP		<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
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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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/4/99** Daytime Phone # **(954) 518-9885**

CR2E034 (5/99)