

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

**FILED**

**Apr 03 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P95000045088 (8)**

1. Corporation Name  
**NATIONS TITLE CORPORATION**



Principal Place of Business Mailing Address  
**25 W FLAGLER ST SUITE 1019 MIAMI FL 33130** **25 W FLAGLER ST SUITE 1019 MIAMI FL 33130-1721**

3. Date Incorporated or Qualified **06/06/1995** 3a. Date of Last Report **04/16/1996**

2. Principal Place of Business 2a. Mailing Address  
21 **19 W. FLAGLER ST** 26 **19 W. FLAGLER ST**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **SUITE 416** 27 **SUITE 416**  
City & State City & State  
23 **MIAMI FL** 28 **MIAMI, FL**  
Zip Country Zip Country  
24 **33130** 25 Country 29 **33130** 30 Country

4. FET Number **65-0616430** 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**

**MARCUS, SCOTT A  
25 W FLAGLER ST  
SUITE 1019  
MIAMI FL 33130**

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

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) **19 W. FLAGLER ST**  
83 **SUITE 416**  
84 City **MIAMI** FL 85 Zip Code **33130**

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**

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PSD</b>	<input type="checkbox"/> DELETE
NAME	<b>MARCUS, SCOTT A</b>	
STREET ADDRESS	<b>25 W FLAGLER ST SUITE 1040</b>	
CITY - ST - ZIP	<b>MIAMI FL 33130</b>	
TITLE	<b>VPT</b>	<input type="checkbox"/> DELETE
NAME	<b>MARCUS, SCOTT A</b>	
STREET ADDRESS	<b>25 W FLAGLER ST SUITE 1040</b>	
CITY - ST - ZIP	<b>MIAMI FL 33130</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**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>19 W. FLAGLER ST., STE 416</b>
1.4 CITY - ST - ZIP	<b>MIAMI, FL 33130</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>19 W. FLAGLER ST., STE 416</b>
2.4 CITY - ST - ZIP	<b>MIAMI, FL 33130</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 do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*

**3129-97 (305) 371-5007**

Date Daytime Phone #

CR2E034 (9/96)