

**FILE NOW: FILING FEE AFTER MAY 1ST '98 \$550.00**

**FILED**  
**Mar 18 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 #** P97000101315 (4) **AMENDED**

1. Corporation Name  
**PINNACLE TITLE SERVICES, INC.**

Principal Place of Business <b>One Financial Plaza                  Suite 2626                  Fort Lauderdale, FL 33394</b>	Mailing Address <b>One Financial Plaza                  Suite 2626                  Fort Lauderdale, FL 33394</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/02/97**

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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4. FEI Number  
**65-0796900**

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

9. Name and Address of Current Registered Agent

**Worldwide Corporate Services, Inc.  
 One Financial Plaza  
 Suite 2626  
 Fort Lauderdale, FL 33394**

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

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 this 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>President</b> <input type="checkbox"/> DELETE
NAME	<b>Sharon Lyn Crewss</b>
STREET ADDRESS	<b>1412 Hollywood Blvd.</b>
CITY-ST-ZIP	<b>Hollywood, FL 33020</b>
TITLE	<b>Vice-President/CEO</b> <input type="checkbox"/> DELETE
NAME	<b>Stephen F. Goldenberg</b>
STREET ADDRESS	<b>One Financial Plaza, Suite 2626</b>
CITY-ST-ZIP	<b>Fort Lauderdale, FL 33394</b>
TITLE	<b>Secretary</b> <input type="checkbox"/> DELETE
NAME	<b>Darlene Borelli</b>
STREET ADDRESS	<b>3450 Blue Lake Drive</b>
CITY-ST-ZIP	<b>Pompano Beach, FL 33064</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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
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

**800002460608**  
**-03/18/98--01039--012**  
**\*\*\*61.25**

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: \_\_\_\_\_ DATE: **3/12/98** (954) 763-6811  
Signature and Typed or Printed Name of Signing Officer or Director

CR2E034 (10/97)