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

FILED Apr 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #**1. Corporation Name (8)SECURE TITLE & ESCROW, INC. Principal Place of Business Mailing Address 1711 N STATE RD 7 #L 1711 N STATE RD 7 #L MARGATE FL 33063 MARGATE FL 33063 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/12/1991 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 65-0279288 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Γ 1 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 30 Yes 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FLEMING-MATOS, MELANIE K. 1711 N. STATE ROAD 7 #L 82 Street Address (P.O. Box Number is Not Acceptable) MARGATE FL 33063 83 84 City 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 registored 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 (NOT): Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 11 100 Change Addition TITLE FLEMING-MATOS, MELANIE K NAME 1.2 NAME 1711 N. STATE ROAD 7 #L STREET ADDRESS 1.3 STREET ADDRESS MARGATE FL CITY-ST-ZIP 14 CITY - ST-7IP Addition DELETE Change TITLE 21 TITLE FLEMING-MATOS, MELANIE K NAME 2.2 NAME 1711 N. STATE ROAD 7 #L STREET ADDRESS 2.3 STREET ADDRESS MARGATE FL CITY - \$1 - ZIP 2 4 City-ST-ZIP Change DELETE ☐ Addition TITLE 3.1 TITLE MATOS, BERNARD M., JR. NAME 3.2 NAME 1711 N. STATE ROAD 7 #L STHEET ADDRESS 3 3 STREET ADDRESS MARGATE FL CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition 5 1 TITLE TITLE 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition

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.

61 TITLE

6.2 NAME

6.3 STREET ADDRESS 64 CITY-ST-ZIP

SIGNATURE:

TIT1 F

NAME STREET ADDRESS

CUTY-ST-ZIP

CR2E034 (10/97