


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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90222 047 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S72591 1. Corporation Name SECURE TITLE & ESCROW, INC.					
Principal Place of Business 1711 N STATE RD 7 #L MARGATE FL 33063			Mailing Address 1711 N STATE RD 7 #L MARGATE FL 33063		
2. Principal Place of Business 21 Same		2a. Mailing Address 26 Same		3. Date Incorporated or Qualified 08/12/1991	
Suite, Apt. #, etc. 22 #B		Suite, Apt. #, etc. 27 #B		4. FEI Number 65-0279288	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent FLEMING-MATOS, MELANIE K. 1711 N. STATE ROAD 7 #L MARGATE FL 33063			10. Name and Address of New Registered Agent 81 Name FLEMING-MATOS, MELANIE K 82 Street Address (P.O. Box Number is Not Acceptable) 1711 N. State Rd. 7 Suite B 83 84 City Margate 85 Zip Code FL 33063		
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 <u>Melanie Matos</u> DATE <u>3.5.99</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING-MATOS, MELANIE K		1.2 NAME	same	
STREET ADDRESS	1711 N. STATE ROAD 7 #L		1.3 STREET ADDRESS	Suite B	
CITY-ST-ZIP	MARGATE FL		1.4 CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> DELETE	2.1 TITLE	same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING-MATOS, MELANIE K		2.2 NAME	same	
STREET ADDRESS	1711 N. STATE ROAD 7 #L		2.3 STREET ADDRESS	Suite B	
CITY-ST-ZIP	MARGATE FL		2.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATOS, BERNARD M., JR.		3.2 NAME	same	
STREET ADDRESS	1711 N. STATE ROAD 7 #L		3.3 STREET ADDRESS	Suite B	
CITY-ST-ZIP	MARGATE FL		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

Melanie Matos, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.5.99
Date

(954)974-9970
Daytime Phone #

CR2E034 (11/98)