

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M24788

**Entity Name:** ENTERPRISE TITLE, INC.

**Current Principal Place of Business:**

10081 PINES BLVD.  
SUITE C  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

10081 PINES BLVD.  
SUITE C  
PEMBROKE PINES, FL 33024

**FEI Number:** 59-2622484

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STRAUS, JR., ARNOLD  
10081 PINES BLVD.  
SUITE C  
PEMBROKE PINES, FL 33024 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VD  
Name STRAUS, ARNOLD JR  
Address 10081 PINES BLVD. SUITE C  
City-State-Zip: PEMBROKE PINES FL 33024

Title PS  
Name STRAUS, DONNA W.  
Address 10081 PINES BLVD. SUITE C  
City-State-Zip: PEMBROKE PINES FL 33024

Title VP  
Name EISLER, MICHAEL J  
Address 2500 WESTON ROAD SUITE 213  
City-State-Zip: WESTON FL 33331

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ARNOLD M. STRAUS, JR.

**VICE PRESIDENT**

**04/18/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date