

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 FEB 18 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 509861 (1)
1. Corporation Name
COMMUNITY TITLE AGENCY INCORPORATED

Principal Place of Business Mailing Address
LEGAL DEPT 9TH FLOOR LEGAL DEPT 9TH FLOOR
2601 S BAYSHORE DR 2601 S BAYSHORE DR
MIAMI FL 33133-2461 MIAMI FL 33133-2461

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/09/1976	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1710574	
24 Country		29 Country		30 Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOLDMAN, JOEL K LEGAL DEPT. 9TH FLOOR 2601 S BAYSHORE DR MIAMI FL 33133				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JEFFREY, THOMAS W.			1.2 NAME			
STREET ADDRESS	2601 S. BAYSHORE DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP			
TITLE	VAS	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANGLEY, MARCIA H.			2.2 NAME			
STREET ADDRESS	2601 S. BAYSHORE DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISCHER, JOHN H.			3.2 NAME			
STREET ADDRESS	2601 S. BAYSHORE DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDMAN, JOEL K.			4.2 NAME			
STREET ADDRESS	2601 S. BAYSHORE DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP			
TITLE	VDCA	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	YDCAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CARLETON, CALLIS N			5.2 NAME	Cook, Paula		
STREET ADDRESS	2601 S BAYSHORE DR			5.3 STREET ADDRESS	2601 S Bayshore Drive		
CITY-ST-ZIP	MIAMI FL			5.4 CITY-ST-ZIP	Miami, Florida 33133		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	y	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	Laguardia, John		
STREET ADDRESS				6.3 STREET ADDRESS	2601 S. Bayshore Drive		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Miami, Florida 33133		

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:

Joel K. Goldman

2-13-98

305-859-4000

CR2E034 (10/97)