FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 566810 (8)

1. Corporation Name

FIVE POINTS TITLE SERVICES CO., INC.

Principal Place of Business	Mailing Address
999 Brickell Avenue Suite 700 Miami, FL 33131	999 Brickell Avenue Suite 700 Miami, FL 33131

3. Date Incorporated or Qualified: 03/07/1978
3a. Date of Last Report: 05/01/95

2. Principal Place of Business	2a. Mailing Address
21 999 Brickell Ave.	26 999 Brickell Ave.
Suite, Apt. #, etc 22 Suite 700	Suite, Apt. #, etc 27 Suite 700
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip: 24 33131 Country: 25 USA	Zip: 29 33131 Country: 30 USA

4. FEI Number: 59-1811722 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Roche, Nancy 999 Brickell Avenue Suite 700 Miami, FL 33131	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 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: Nancy Roche — Nancy Roche, President — 2/6/96
(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	P ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Roche, Nancy	12 NAME	
STREET ADDRESS	999 Brickell Ave, Suite 700	13 STREET ADDRESS	
CITY-ST-ZIP	~~Miami, FL 33131~~	14 CITY-ST-ZIP	
TITLE	V,D ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Cortirght, Earle D. Jr.	22 NAME	
STREET ADDRESS	999 Brickell Ave, Suite 700	23 STREET ADDRESS	
CITY-ST-ZIP	~~Miami, FL 33131~~	24 CITY-ST-ZIP	
TITLE	V,D ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	Harden, David M.	32 NAME	
STREET ADDRESS	999 Brickell Ave, Suite 700	33 STREET ADDRESS	
CITY-ST-ZIP	~~Miami, FL 33131~~	34 CITY-ST-ZIP	
TITLE	S,D ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	Hummerhielm, Sharon	42 NAME	
STREET ADDRESS	999 Brickell Ave, Suite 700	43 STREET ADDRESS	
CITY-ST-ZIP	~~Miami, FL 33131~~	44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] 2/6/96 305/579-0999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SHARON HUMMERHIELM, Secretary/Director SC 3-4-96