

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

FILED

Feb 26 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F40395

(8)

1. Corporation Name  
TITLE SECURITY OF BREVARD INC.

Principal Place of Business

% MARTIN, LINDA. J  
1901 HWY A1A SUITE 1  
INDIAN HARBOUR BEACH FL 32937-4207  
US

Mailing Address

% MARTIN, LINDA. J  
1901 HWY A1A SUITE 1  
INDIAN HARBOUR BEACH FL 32937-3526  
US

3. Date Incorporated or Qualified  
06/11/1981

3a. Date of Last Report  
01/24/1996

4. FEI Number

59-2104112

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MARTIN, LINDA J.  
1901 HIGHWAY A1A  
SUITE 1  
INDIAN HARBOUR BEACH FL 32937

10. Name and Address of New Registered Agent

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

Signature type: (a) printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PVP	<input type="checkbox"/> DELETE
NAME	MARTIN, LINDA J.	
STREET ADDRESS	1260 CEDAR LANE	
CITY - ST - ZIP	INDIALANTIC FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTIN, LINDA J.	
STREET ADDRESS	1260 CEDAR LANE	
CITY - ST - ZIP	INDIALANTIC FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, ALLEN C.	
STREET ADDRESS	3201 FAIRVIEW DRIVE	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MARTIN, JONATHAN D.	
STREET ADDRESS	1260 CEDAR LANE	
CITY - ST - ZIP	INDIALANTIC FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	715 Puesta Del Sol
1.4 CITY - ST - ZIP	Indialantic, FL 32903
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	715 Puesta Del Sol
2.4 CITY - ST - ZIP	Indialantic, FL 32903
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Treasurer/Secretary
4.3 STREET ADDRESS	Jonathan D. Martin
4.4 CITY - ST - ZIP	715 Puesta Del Sol
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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:

*Sandra B. Mortham* President 2/18/97 407-777-3500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0101557

CR2E034 (9/96)