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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

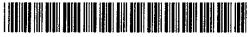
1. Corporation Name

F40395

(8)

TITLE SECURITY OF BREVARD INC.

FILED Jan 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address % MARTIN, LINDA, J % MARTIN, LINDA, J 1901 HWY A1A SUITE 1 1901 HWY ATA SUITE 1 DO NOT WRITE IN THIS SPACE INDIAN HARBOUR BEACH FL 32937-4207 INDIAN HARBOUR BEACH FL 32937-4207 3. Date Incorporated or Qualified 06/11/1981 Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2104112 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Zip Country Country Ζip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. □ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARTIN, LINDA J. 1901 HIGHWAY A1A 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 1 83 INDIAN HARBOUR BEACH FL 32937 84 City Zip Code 85 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITLE MARTIN, LINDA J. NAME 1.2 NAME 715 PUESTA DEL SOL STREET ADDRESS 1.3 STREET ADDRESS INDIALANTIC FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ___ Addit{on Change TITLE 2.1 TITLE MARTIN, LINDA J. NAME 2.2 NAME 715 PUESTA DEL SOL STREET ADDRESS 2.3 STREET ADDRESS INDIALANTIC FL CITY-ST-ZIP 2.4 CITY-ST-ZIP PELETE Change Addition TITLE 3.1 TITLE SMITH, ALLEN C. 3.2 NAME NAME 3201 FAIRVIEW DRIVE 3.3 STREET ADDRESS STREET ADDRESS MELBOURNE FL CITY-ST-ZIP 3.4. CITY - ST-ZIP TITLE DELETE 4.1 TITLE Change Addition MARTIN, JONATHAN D. NAME 4. 2 NAME 715 PUESTA DEL SOL STREET ADDRESS 4.3 STREET ADDRESS INDIALANTIC FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF

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 op an attachment with an address.

SIGNATURE:

401-777-350*0*