2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Feb 11, 2004 8:00 am Secretary of State DOCUMENT # F9400006394 1. Entity Name 02-11-2004 90012 020 ***150 00 TITLE MANAGEMENT COMPANY OF TEXAS Principal Place of Business Mailing Address 1868 N UNIVERSITY DRIVE 1868 N UNIVERSITY DRIVE #203 PLANTATION FL 33322 PLANTATION FL 33322 2. Principal Place of Business 3. Mailing Address Colorado Blvd 790 E. Colorado 81 vd. Suite, Apt. #, etc. 400 CR2E034 (11/03) City & State AS addwa 4. FEI Number Applied For 76-0298460 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATTHEW, KAYTON 2128 N BAY RD Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33140 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CP TIΠΕ ☐ Delete TITLE ☐ Addition ☐ Change KAYTON, DAVID NAME NAME STREET ADDRESS 2128 N BAY ROAD STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140 CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition MATTHEW, KAYTON STREET ADDRESS 2128 BAY RD STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME MARK, KAYTON NAME STREET ADDRESS 10655 MEMORIAL DRIVE STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP **HOUSTON TX 77024** NWI DNAL CI TITLE Delete Change TITLE ☐ Addition JUSTISON, JAMES J NAME NAME 1868 N UNIVERSITY DR STE 203 STREET ADDRESS STREET ADDRESS PLANTATION FL 33322 CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attact/ment with an address, with all other like empowered.

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

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☐ Delete

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