FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # G78689 (8)

1. RANDIX ENTERPRISES, INC.

Principal Place of Business:
3440 NE 12 AVE.
STE. 3
OAKLAND PARK FL 33334
US

Mailing Address:
5381 SW 8TH ST.
PLANTATION FL 33317

3. Date Incorporated: 01/16/1984

3a. Date of Last Report: 06/17/1994

4. FEI Number: 59-2373637

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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

RANSOM, WILLIAM E.
5381 S.W. 8TH ST.
PLANTATION FL 33317

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

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City/State
P	RANSOM, WILLIAM E.	5381 SW 8TH ST.	PLANTATION FL
V	RANSOM, JACALYNN L.	5381 SW 8TH ST.	PLANTATION FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

SIGNATURE: [signature] Jacalynn L. Ransom 5/4/95 (305) 566-1705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0227536 CP

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Sandra B. Mortham
Secretary of State

APPROVED AND FILED
... 10: 25
SECRETARY OF STATE ... FLORIDA

DOCUMENT # G80051 (7)

1. Corporate Name
SECURE TITLE INSURANCE CO., INC.

Principal Place of Business	Mailing Address
C/O JOE TEAGUE CARUSO 800 E MERRITT ISLAND CWY STE 200 MERRITT ISLAND FL 32952	C/O JOE TEAGUE CARUSO 800 E MERRITT ISLAND CWY STE 200 MERRITT ISLAND FL 32952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/24/1984	3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-2362816	[ ] 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes [ ] Yes [ ] No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. # etc.	27 Suite, Apt. # etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARUSO, JOE TEAGUE 800 E MERRITT ISLAND CWY STE 200 MERRITT ISLAND FL 32952	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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: CARUSO, JOE TEAGUE STREET ADDRESS: 1085 CAROL COURT CITY-ST-ZIP: MERRITT ISLAND FL	[ ] Change [ ] Addition
TITLE: STD NAME: BRENNER, MICHELE STREET ADDRESS: 956 SANTA CRUZ RD. CITY-ST-ZIP: COCOA BEACH FL	[X] DELETE [ ] Change [ ] Addition STD BRENNER, MICHELE 956 SANTA CRUZ RD. COCOA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition

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)(i), Florida Statutes. I further certify that the information indicated on this 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: JOE T. CARUSO 453-3880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000001 CP