

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 3:45

DOCUMENT # **H06948** (4)

1. Corporation Name
COMMERCIAL TITLE SERVICES, INC.

Principal Place of Business Mailing Address
65 ROYAL PALM BLVD VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/07/1984** 3a. Date of Last Report **03/04/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2413313		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		24		25	
29		30					

9. Name and Address of Current Registered Agent

**CARPENTO, SANDRA
65 ROYAL PALM BLVD. STE. B
VERO BEACH FL 32960**

10. Name and Address of New Registered Agent

81 Name **JOSEPH CARPENITO**
82 Street Address (P.O. Box Number is Not Acceptable) **65 ROYAL PALM BLVD., STE B**
83
84 City **VERO BEACH** FL 85 Zip Code **32960**

11. Pursuant to the provisions of Sections 607.0507 and 607.1509, 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 *Joseph Carpenito* **JOSEPH CARPENITO** 4/6/95 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VST	1.1 TITLE	P/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTO, JOSEPH	1.2 NAME	JOSEPH CARPENITO
STREET ADDRESS	555 BOUGAINVILLEA LN.	1.3 STREET ADDRESS	65 ROYAL PALM BLVD., STE B
CITY - ST - ZIP	VERO BEACH FL	1.4 CITY - ST - ZIP	VERO BEACH, FL 32960
TITLE	DP	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTO, SANDRA	2.2 NAME	SANDRA CARPENITO
STREET ADDRESS	555 BOUGAINVILLEA LN.	2.3 STREET ADDRESS	65 ROYAL PALM BLVD., STE B
CITY - ST - ZIP	VERO BEACH FL	2.4 CITY - ST - ZIP	VERO BEACH, FL 32960
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(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 not in agreement with an address.

SIGNATURE: *Joseph Carpenito* **JOSEPH CARPENITO** 4/6/95 407 562-7200 DATE