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Apr 25 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 # H06948 (4)
 1. Corporation Name
COMMERCIAL TITLE SERVICES, INC.



Principal Place of Business: **65 ROYAL PALM BLVD VERO BEACH FL 32960**
 Mailing Address: **65 ROYAL PALM BLVD VERO BEACH FL 32960-4254**

3. Date Incorporated or Qualified: **06/07/1984** 3a. Date of Last Report: **03/18/1996**
 4. FEI Number: **59-2413313** 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 1627 US Hwy #1** 2a. Mailing Address: **26 P. O. Box 4090**
 Suite, Apt. #, etc.: Suite, Apt. #, etc.:
 22 City & State: **27 Sebastian, FL** 28 City & State: **Vero Beach, FL**
 Zip: **24 32958** Country: Zip: **29 32964** Country: **30**

9. Name and Address of Current Registered Agent
CARPENITO, JOSEPH
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): **1627 US Hwy #1**
 83
 84 City: **Sebastian** FL 85 Zip Code: **32958**

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: *Joseph Carpenito* **Joseph Carpenito, Pres.** DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PS/D <input type="checkbox"/> DELETE
NAME	CARPENITO, JOSEPH
STREET ADDRESS	65 ROYAL PALM BLVD., STE B
CITY-ST-ZIP	VERO BEACH FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	CARPENITO, SANDRA
STREET ADDRESS	65 ROYAL PALM BLVD., STE B
CITY-ST-ZIP	VERO BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	1627 US Hwy #1,
14 CITY-ST-ZIP	Sebastian, FL 32958
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	1627 US Hwy #1
24 CITY-ST-ZIP	Sebastian, FL 32958
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *Joseph Carpenito* **Joseph Carpenito** Date: **4/18/97** Daytime Phone: **561 562-7200**

CR2E034 (9/96)