FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H33141 (3)

1. Corporation Name

ASSOCIATED TITLE OF ENGLEWOOD, INC.

Principal Place of Business
183 WEST COWLES STREET
ENGLEWOOD FL 34223-3202

Mailing Address
183 WEST COWLES STREET
ENGLEWOOD FL 34223-3202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/05/1984
3a. Date of Last Report: 02/03/1994

2. Principal Place of Business	2a. Mailing Address
21 1141 S. McCall Rd.	26 1141 S. McCall Rd.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Englewood, FL	28 City & State: Englewood, FL
24 Zip: 34223 25 Country: US	29 Zip: 34223 30 Country: US

4. FEI Number: 59-2479130 — 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 safety for intangible tax under s. ... Florida Statutes. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

SHAVE, JAMES S.
21216 OLEAN BLVD., STE. 7
PORT CHARLOTTE FL 33952

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

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	DP	1 TITLE	[ ] Change [ ] Addition
NAME	SHAVE, JAMES S.	1 NAME	
STREET ADDRESS	21216 OLEAN BLVD SUITE 7	1 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	1 CITY-ST-ZIP	
TITLE	DVT	2 TITLE	[X] Change [ ] Addition
NAME	SALMANS, LISA	2 NAME	
STREET ADDRESS	183 WEST COWLES STREET	2 STREET ADDRESS	251 Coronado
CITY-ST-ZIP	ENGLEWOOD FL	2 CITY-ST-ZIP	Venice, FL 34293
TITLE	S	3 TITLE	[X] Change [ ] Addition
NAME	SALMANS, LISA	3 NAME	
STREET ADDRESS	183 WEST COWLES STREET	3 STREET ADDRESS	251 Coronado
CITY-ST-ZIP	ENGLEWOOD FL	3 CITY-ST-ZIP	Venice, FL 34293
TITLE		4 TITLE	[ ] Change [ ] Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	[ ] Change [ ] Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing ... [illegible]

SIGNATURE: James S. Shave, President 4/27/95 813-625-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0338200 CP