** FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H73556

14. I do hereby certify that the information such information indicated on this annual report I am an officer or director of the conorel appears in Block 12 or Block 13 or an appears

(3)

TITLE GUARANTY OF SOUTH FLORIDA, INC.

FILED										
May 21 1997 8:00an	1									
Secretary of State										

Principal Plac 4900 N. FEDEI SUITE 201B BOCA RATON	RAL HWY	4800 NORT SUIYE 201	Mailing Address 4800 NORTH FEDERAL HWY SUIYE 201B BOCA RATON FL 33431-5188							
US		US				3. Date Incorporate 08/29/1985	l l	Date of Last R	eport	
2. Principal P	lace of Business	2a. Mailing	Address			4. FEI Number			plied For	
21		26				59-257006!	5		ot Applicable	
Suite, Apt.	#. etc.	Suite, /	Apt. #, etc.			5. Certificate of Sta	itus Desired 🔲	\$8.75 / Fee Re		
City & State	6	City &	State			6. Election Campa	an Financina	\$5.00	May Be	
23		28				Trust Fund Cont		Added 1		
Zíp	Country	Zıp		Counti	гу	8. This corporation	has liability for intangil	ole tax under s	. 199.032	
24	25	29		30		Florida Statutes	XX Yes	□ No		
	g, Name and Address of Curr	ent Registered A	gent		41		ress of New Registere	d Agent		
	okstein, Merrill, a			B	1 Name					
	0 NORTH FEDERAL HWY			8:	2 Street	Address (P.O. Box Number	is Not Acceptable)			
	TE 201B					·		~		
BO0	CA RATON FL 33431			8:	3					
***				84	4 City			. 85 Zip (Code	
							F			
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta im familiar with, and accept the obl	502 and 607,1508 de of Florida. Such igations of, Section	, Florida Statutes i change was au n 607.0505, Flori	s, the abor ithorized t ida Statute	ve-named by the cor es.	l corporation submits this sta poration's board of directors	itement for the purpose . I hereby accept the a	of changing its ppointment as	s registered registered	
	Signature, typed or printed name of registered a	 	le. (NOTE:	Registered A	gent signature	e required when reinstating)	DATE			
12.		ND DIRECTORS		13.		ADDITIONS/CHA	NGES TO OFFICERS A			
TITLE	PSD		☐ DELETE	1,1 TITLE				∐ Change	Addition	
NAME	BOOKSTEIN, MERRILL, A	T C004D		1.2 NAME						
STREET ADDRESS	4800 N. FEDERAL HWY SUI	I E201B		1.3 STREE	ET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL		Devere	1.4 CITY -	-			06		
TITLE			DELETE	2.1 TITLE				☐ Change	Addition Addition	
NAME				2.2 NAME	1					
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP		·	DELETE	2. 4 CITY				- [] (Laza:	Addition -	
TITLE			M DECER	3.1 TITLE				☐ Change	☐ Addition	
NAME ATOSST ADDRESS				3.2 NAME						
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP			DELETE	3.4. CITY			· · · · · · · · · · · · · · · · · · ·	Chases	T Addition	
TITLE			- DELETE	4.1 TITLE				Change	☐ Addition	
NAME				4. 2 NAMI						
STREET ADDRESS					T ADDRESS					
CITY+ST-ZIP TITLE		 	DELETE	4.4 CITY-		· · · · · · · · · · · · · · · · · · ·		Change.	Addition	
1			PT DETECTE	5.1 TITLE					L MODITION	
NAME				5.2 NAME				*X/	. / .	
STREET ADDRESS					T ADDRESS			1/75	15/81	
CITY-ST-ZIP			DELETE	5 4 CHY-	~			Chan	D Maddillan	
TITLE			CT DETELE	61 TITLE		6000	1022022 /97010031		Addition	
NAME				6 2 NAME		l ~06/05.	/9701003	003		
STREET ADDRESS				6.3 STREE	T ADDRESS	###10E	OO			

With this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the opplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that he receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name