SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** Sandra B. Mortham CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # (4) J53787 TITLE & RECORD RESEARCH, INC. Mailing Address Principal Place of Business 11850 S.W. 1215# AVENUE 11850 S.W. 121ST AVENUE 9TE-204 **GTE-204** 3a. Date of Last Report **DUNNELLON FL 34432** 3. Date Incorporated or Qualified **DUNNELLON FL 34432** 05/01/1995 01/27/1987 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-2773968 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt #, etc Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Country Yes V No Zφ Florida Statutes 30 29 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name WOOD, BARBARA A. Street Address (P.O. Box Number is Not Acceptable) 9911 SW STATE RD 200 STE-204 В3 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. Thereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE OCALA FL 84481 (NOTE: Registered Agent signature required when reinstaling) Sequentials typed to printed six and regeneror agent and blind applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TiTLE THLE CR2E034 WOOD, BARBARA A. 1.2 NAME NAME 1.3 STREET ADDRESS 11850 S.W. 121ST AVENUE STREET ADDRESS 1 4 CITY - ST - ZIP DUNNELLON FL Change Addition CITY-ST-ZIP DELETE 21 THE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 31 Infle TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3 4. CHTY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 41 TULE TITLE 4 2 NAME NAME 4.3 STHEEL ADDRESS STREET ADDRESS 4.4 City - ST - ZIP Change Addition CITY-ST-ZIP DELETE 5.1 TILLE TITLE 5.2 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 6 1 HILE TITLE

63 STREET ADDRESS

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)(k). Florida Statutes 1 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS