

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. MacLean
Secretary of State
Florida Statute 100.080, Florida Statute 100.081

APPROVED
AND
FILED

DOCUMENT # K39506

(6)

91-1111110:35

TUIT TITLE CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Physical Address:

10344 66TH STREET NORTH
PINELLAS PARK FL 34666

Mailing Address:

10344 66TH STREET NORTH
PINELLAS PARK FL 34666

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized 3a. Date of Last Report
10/17/1988 01/27/1994

4. FEI Number Applied For
59-2911640 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

7. This corporation has liability for intangible tax under S. 199.032.
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

BAIMAN, GAIL
5680 66TH STREET NORTH
ST. PETERSBURG FL 33709

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	Zip Code

11. Pursuant to the provisions of Sections 600.080 and 600.150B, 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 Chapter 100.080, Florida Statutes.

SIGNATURE

NAME: OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.

NAME	P BAIMAN, GAIL 5680 66TH ST N ST. PETERSBURG FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE		4. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE		7. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		9. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE		10. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		12. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE		13. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		15. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE		16. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		18. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE		19. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does, to my knowledge, for the exemptions stated in law for the Florida Statutes. I further certify that the officer, attorney and/or other agent report on supplemental information is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or someone so empowered to execute this report as required by Chapter 100.080, Florida Statutes, and that my name appears in Block 1, 2, 3 or Block 13 of the attached or on an attachment with this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-4-95 813 546 6001