FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # L29651 (1)

1. Corporation Name
CERTIFIED TITLE SERVICES, INC.

Principal Place of Business
c/o Sheryl Canton
17971 Biscayne Boulevard
Suite 219
North Miami Beach, FL 33160

Mailing Address
c/o Sheryl Canton
17971 Biscayne Boulevard
Suite 219
North Miami Beach, FL 33160

3. Date Incorporated or Qualified: 11/15/1989
3a. Date of Last Report: 4/11/95

2. Principal Place of Business
21 17971 Biscayne Blvd
22 Suite, Apt. #, etc. #219
23 City & State: Miami, FL
24 Zip: 33160
25 Country: Dade

2a. Mailing Address
26 17971 Biscayne Blvd
27 Suite, Apt. #, etc. #219
28 City & State: Miami FL
29 Zip: 33160
30 Country: Dade

4. FEI Number: 65-0155108 ☐ 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

9. Name and Address of Current Registered Agent

CANTON, Sheryl A
17971 Biscayne Boulevard
Suite 219
Miami, FL 33160

10. Name and Address of New Registered Agent

81 Name: Sheryl A. Canton
82 Street Address (P.O. Box Number is Not Acceptable): 17971 Biscayne Blvd #219
83
84 City: Miami FL 85 Zip Code: 33160

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: Sheryl A. Canton, Pres. 3/21/96
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when submitting) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT Sheryl A Canton 17971 Biscayne Blvd #219 MIAMI, FL 33160	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT KATHY Canton 17971 Biscayne Blvd #219 Miami, FL 33160	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 000001 700279 03/28/96 --01011--025 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition DR 3.27

CR2E034 (12/95)

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. 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: Sheryl A. Canton Pres. 3/21/96 305 932 3126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #