

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L32809** (0)
1. Corporation Name
THE GREATER TITLE SERVICES, INC.

FILED
Feb 27, 1996 08:00 AM
Secretary of State



Principal Place of Business: **9260 SUNSET DRIVE STE. 219 MIAMI FL 33173 US**
Mailing Address: **9260 SUNSET DR STE 219 MIAMI FL 33173 US**

2. Principal Place of Business: 21
2a. Mailing Address: 26
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3. Date Incorporated or Qualified: **11/30/1989**
3a. Date of Last Report: **01/24/1995**
4. FEI Number: **65-0166783**
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
**VALDES, MARY
19 ANTILLA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL 33134**

11. Pursuant to the provisions of Sections 607.005 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, principal place of business, 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 607.005, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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14. I 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. 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 of this filing.

SIGNATURE: *Mary Valdes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Mary Valdes**
Dist/Pres. 02-08-96 (305) 598-1658

CR2E034 (12/95)