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 # L55572 TITLES INTERNATIONAL, INC.

(6)

FILED Apr 21 1997 8:00am Secretary of State

									<i>i</i>	
Principal Place of Business Mailing Address						(dealten and arras Athar Athar team that Athar aren asalt fidit and the				
C/O LINDA MURPHY C/O LINDA MURP 1544 \$. CONGRESS AVE. 1544 S. CONGRES										
	BCH. FL 33406	WEST PALM BCH. FL 33								
						3. Date Incorporated or Qualified 03/05/1990	ad or Qualified 3a. Date of Last Report 04/17/1996			
<u> </u>	Place of Business	2a. Mailing Address				4. FEI Number Applied For				
21 Cutto Amb	4 34	26 Cuite And # ata	Suite, Apl. #, etc.			65-0184473 Not Applicable				
Sulte, Apt.		27				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	le	City & State				6. Election Campaign Financing \$5.00 May Be				
Zip	Country	Zip Country			-	Trust Fund Contribution				
24	25	29	30	nı y			r intangible Yes [s. 199.032,	
<u> </u>	9. Name and Address of Currer		130			10. Name and Address of New F				
MU	RPHY, LINDA			B1 Na	me					
154	4 S. CONGRESS AVE.		<u> </u>	82 Str	ect Addre	Address (P.O. Box Number is Not Acceptable)				
WE	ST PALM BCH. FL 33406		L			33.000 (* 10, 20.1 National to 1101 / 1000 pt 1201 b)				
			ľ	B3						
			Ī	B4 Cit	/		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.050)2 and 607.1508, Florida Statu	ites, the ab	l ove-nan	ned corpo	oration submits this statement for the		 changing	its registered	
office or i	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was ations of, Section 607,0505, F	authorized Torida Statu	by the ites.	corporatio	on's board of directors. I hereby acc	ept the app	ointment a	s registered	
SIGNATURE										
12.	Signature, typed or printed name of registered age	ent and title if applicable. (NC D DIRECTORS	NE Registered	Agent sign	alure required	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	IRS IN 12	
TITLE	OFFICERS AN	DELETE		1.1 TITLE		ADDITIONS/OFFANGES TO USE	IOCHO ANL	Change	<u> </u>	
NAME	MURPHY, LINDA		1.2 NA						hour rind (101)	
STREET ADDRESS	1544 S. CONGRESS AVE.			 Eet addri	ss					
CITY-ST-ZIP	WEST PALM BCH. FL			Y-ST-71P	J					
TITLE	D	DELETE	2.1 1110	.F				Change	Addition	
NAME	HANNAH, ELEANOR		2.2 NAT	A E						
STREET ADDRESS	11225 56TH PLACE NO.		2.3 \$18	EE1 ADORI	ss					
CITY-ST-ZIP	ROYAL PALM BCH. FL	I Deceme		Y - ST - ZIP				<u> </u>	44	
TITLE		DELETE	3.1 7/11					Change	☐ Addition	
NAME PROCES ADDRESS			3.2 NAM		.00					
STREET ADDRESS				EET ADDRE	:98					
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITU	Y - ST - ZIP .F	- 			Change	Addition	
NAME			4. 2 NA							
STREET ADDRESS				eft addre	ss					
CITY-ST-ZIP			4.4 CH V	/-ST-ZIP	_					
TITLE		DELETE	5.1 1111	E	1			Change	☐ Addition	
NAME			5.2 NAN	ΛE						
STREET ADDRESS			5.3 STR	EE1 ADDRE	ss					
CATY-ST-ZIP		prorec		r - \$1 - 21P		····-	<u></u> .		1300	
TITLE		☐ DELETE	6.1 Till					Change	Addition	
NAME OTREET ADDRESS			62 NAN							
STREET ADDRESS				FET ADDRE	88					
CITY-ST-ZIP	<u> </u>		6.4 CIT	7-ST-ZIP		o Cooling 440 07/2Vi) Florida Cint.				

information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal offect as if made under oath; that is 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.