FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 PM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M32197** **(9)**

1. Corporation Name
GOOD TITLE, INC.

Principal Place of Business	Mailing Address
8410 S.W. 154 CIRCLE CT. UNIT 604 MIAMI FL 33193	8410 S.W. 154 CIRCLE CT. UNIT 604 MIAMI FL 33193

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/16/1986
3a. Date of Last Report: 03/14/1994

2. Principal Place of Business	2a. Mailing Address
21 1900 N. KROME AVE	26 1900 N. KROME AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: HOMESTEAD, FL	28 City & State: HOMESTEAD, FL.
24 Zip: 33030 25 County: DADE	29 Zip: 33030 30 County: DADE

4. FEI Number: 65-0182716 ☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALDMAN, JUDITH 8410 S.W. 154 CIRCLE CT. #604 MIAMI FL 33193	81 Name: WALDMAN, JUDITH 82 Street Address (P.O. Box Number is Not Acceptable): 1900 N. KROME AVE. 83 84 City: HOMESTEAD FL 85 Zip Code: 33030

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: Judith Waldman Judith WALDMAN 4/14/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☑ Change ☐ Addition
NAME	WALDMAN, JUDITH	1.2 NAME	WALDMAN, JUDITH	
STREET ADDRESS	8410 S.W. 154 CIRCLE CT. UNIT 604	1.3 STREET ADDRESS	1900 N. KROME AVE.	
CITY-ST-ZIP	MIAMI FL 33193	1.4 CITY-ST-ZIP	HOMESTEAD, FL, 33030	
TITLE		2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(i), 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: Judith Waldman Judith WALDMAN 4/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Corporate Charter #)

0604826 CP