


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M33736** (3)  
1. Corporation Name  
**TITLE COMPANY OF THE SOUTH, INC.**

Principal Place of Business  
**12550 BISCAYNE BLVD.  
STE. 400  
NORTH MIAMI FL 33181**

Mailing Address  
**12550 BISCAYNE BLVD  
SUITE 400  
NORTH MIAMI FL 33181  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 10800 BISCAYNE BLVD</b> Suite, Apt. #, etc. <b>22 STE 560</b> City & State <b>23 NORTH MIAMI, FLORIDA</b> Zip <b>24 33161</b>		2a. Mailing Address <b>26 10800 BISCAYNE BLVD</b> Suite, Apt. #, etc. <b>27 STE 560</b> City & State <b>28 NORTH MIAMI, FLORIDA</b> Zip <b>29 33161</b>		3. Date Incorporated or Qualified <b>06/16/1986</b>	
Country <b>25 DADE</b>		Country <b>30 DADE</b>		4. FEI Number <b>59-2682619</b> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SHAW, JULIE S.  
12550 BISCAYNE BLVD  
400  
N. MIAMI FL 33181**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 85 Zip Code

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

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	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FEUER, JEFFREY M.</b>	1.2 NAME	
STREET ADDRESS	<b>P.O. BOX 831387 N/A</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	PS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAW, JULIE S.</b>	2.2 NAME	
STREET ADDRESS	<b>12550 BISCAYNE BLVD, SUITE 400</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KILLEN, PAT</b>	3.2 NAME	
STREET ADDRESS	<b>10800 BISCAYNE BLVD STE900</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KILLEN, KAREN</b>	4.2 NAME	
STREET ADDRESS	<b>10800 BISCAYNE BLVD STE 900</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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:

**JULIE S. SHAW**

4-20-98

305 895-1560

CR2E034 (10/97)