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95 MAY -1 AM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **M73269** **(6)**

1. Corporate Name

SOUTHEAST TITLE SERVICES, INC.

Principal Place of Business	Mailing Address
255 ALHAMBRA CIRCLE 610 CORAL GABLES FL 33134 US	255 ALHAMBRA CIRCLE 610 CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/15/1988**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21, Suite Apt. # etc. — 22, City & State — 23, Zip — 24, County — 25

2a. Mailing Address — 26, Suite Apt. # etc. — 27, City & State — 28, Zip — 29, County — 30

4. FEI Number: **65-0051661** ☐ 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 was initially subject to provisions of Chapter 617, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BOCK, SHARON R.
255 ALHAMBRA CIRCLE
SUITE 610
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 **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0501 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 (If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, or adding new officers or directors) DATE

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS	
51 TITLE	D	71 TITLE	☐ Change ☐ Addition
52 NAME	BOCK, SHARON R.	72 NAME	
53 STREET ADDRESS	255 ALHAMBRA CIRCLE, SUITE 610	73 STREET ADDRESS	
54 CITY-ST-ZIP	CORAL GABLES FL	74 CITY-ST-ZIP	
55 TITLE		75 TITLE	☐ Change ☐ Addition
56 NAME		76 NAME	
57 STREET ADDRESS		77 STREET ADDRESS	
58 CITY-ST-ZIP		78 CITY-ST-ZIP	
59 TITLE		79 TITLE	☐ Change ☐ Addition
60 NAME		80 NAME	
61 STREET ADDRESS		81 STREET ADDRESS	
62 CITY-ST-ZIP		82 CITY-ST-ZIP	
63 TITLE		83 TITLE	☐ Change ☐ Addition
64 NAME		84 NAME	
65 STREET ADDRESS		85 STREET ADDRESS	
66 CITY-ST-ZIP		86 CITY-ST-ZIP	
67 TITLE		87 TITLE	☐ Change ☐ Addition
68 NAME		88 NAME	
69 STREET ADDRESS		89 STREET ADDRESS	
70 CITY-ST-ZIP		90 CITY-ST-ZIP	

14. I declare to certify that the information supplied with this filing is accurately 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 report or supplemental annual report filing and is true 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 above, or on an attachment with all other like empowered.

SIGNATURE: Sharon R. Bock 4-28-95 305-448-4480

MANDATORY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

SHARON R. Bock

0161060 CP