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

PROFIT CORPORATION ANNUAL REPORT

1996



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

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1. Corporation Name

P93000047927 (7)

UPTOWN TITLE CORPORATION

UFIUY	VN TITLE COMPONATION								
Principal Place of Business		Mailing Address	Mailing Address					i Albii ibsib ii)AND AND IN NOON (BED)
2765 W CYPRESS CREEK RD FT LAUDERDALE FL 33309		2765 W CYPRESS (FT LAUDERDALE F							
						3. Date Incorporated or Qualified 07/09/1993		ate of Last I 01/20/19	•
_2, Principal Pla 21	ice of Business	2a. Mailing Address 26			4, FEI Number 65-0424006			Applied For Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				Certificate of Status Desired		\$8.7	5 Additional
City & State		City & State							Required
23		28				Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees
Zq∋ 24]	Country 25	Zip	Country			8. This corporation has liability for intangible tax under s 199.032,			
	9. Name and Address of Cur	29 rent Registered Agent	30			Florida Statutes Yes 10. Name and Address of New R	□ No		
		The global Car Highlit	B1	ı Ti	Name	10. Name and Address of New H	egistere	a Agent	
FARBSTI	EIN, DAVID R		82	۱.	Ot	ess (P.O. Box Number is Not Acceptab	1.3		-
2765 W	CYPRESS CRERK RD				Street Accire	ess (F.O. Box Number is Not Acceptab	ю)		
FT LAUD	ERDALE FL 33309		83	3					
			84	4 (City	T-111-1-1	F	85 2	Zip Code
11. Pursuant to	the provisions of Sections 607.03	502 and 607.1508, Florida Stat	tutes, the above	-nar	ned corpora	ation submits this statement for the pur			registered office
or registere	ed agent, or both, in the State of Fi i, and accept the obligations of, S	unea, ouch change was admo	rizea av tne cari	pora	ation's board	ation submits this statement for the purion of directors. I hereby accept the appoint	pintment	as registere	id agent. I am
SIGNATURE _	Signature, typied or printed name of registered a								
12.		AND DIRECTORS	NOTE: Registered Age	ent se	gnature required	ADDITIONS/CHANGES TO OFFI	DATE	ND DIDECT	ODC IN 19
THLE	P	DELETE	1 1 TITLE			ADDITIONS OF ANGES TO OFFE	OLINO AI	Change	
NAME	FARBSTEIN, DAVID R		1.2 NAME					_ •	
STREET ADORESS	2765 W CYPRESS CREEK	-	1.3 STREE	TAD	DRESS				
COTY - ST - ZOP	FT LAUDERDALE FL 3330		1.4 CITY-	-	ZIP				
THEF	FADDOTEN DIANG	DELETE	2 1 TITLE					☐ Change	☐ Addition
NAME OTHER LATERAL CO.	FARBSTEIN, DIANE	00	2 2 NAME						
STHEFT ADDRESS CITY+ST-7IP	2765 W CYPRESS CREEK FT LAUDERDALE FL 3330		2.3 STREE						
THUE	VP	T DELETE	24 CITY- 3 1 TITLE		ZIP			Change	T Addition
NAME	HOFFMAN, BARBARA J		3 2 NAME						Addition
STREET ADDRESS	2765 W. CYPRESS CREEK	ROAD	33 STREE		DBESS				
CITY-ST ZIP	FT. LAUDERDALE FL 3330		34 CHY-						
TILE		☐ DELETE	4 1 THILE					Change	Addition
NAME			4.2 NAME			·			
STREET ADDRESS			4 3 STREE	T AD	DRESS				
C-1Y-ST-Z-P			4.4 C/TY-	ST - Z	ZIP				
TILF		☐ DELETE	5 1 TITLE					☐ Change	☐ Addilion
NAME			5.2 NAME						
STREET ADDRESS			53STREE	T AD	DRESS				
COLY ST ZiP		T OUTTE	5 4 City-		ZIP				
TOTAL F		☐ DELETE	6 1 TITLE					☐ Change	☐ Addition
NAM; enutri atmocce			6.2 NAME		i				
STREET ADDRESS			6 3 STREE		F				
14. I do hereby	certify that the information supplie	ed with this filing is voluntarily fu	ernished and doc	31-2 83 n	or qualify fo	r the exemption stated in Section 119.6	<u>77(3)/L\</u> 1	lorida Stati	ites 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 attendment with an address.

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

1/20 Date 958

CR2E034 (12/95)