

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra E. Martin
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # P93000060752 (1)

1. Corporation Name

INDEPENDENT TITLE OF ST. AUGUSTINE, INC.

55 MY - 1 M 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address		DO NOT WRITE IN THIS SPACE			
2692 US 1 SOUTH STE 203 ST. AUGUSTINE FL 32086 US		2692 US 1 SOUTH SSTE 203 ST. AUGUSTINE FL 32086 US					
2. Principal Place of Business: 21		26. Mailing Address: 26		3. Date Incorporated or Qualified 08/27/1993			
Suite, Apt. # etc 22		Suite, Apt. # etc 27		4. FEI Number 59-3013278			
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRAUBARD, ROBERT M 2692 US 1 SOUTH STE 203 ST. AUGUSTINE FL 32086				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 Sections 607.0502 and 607.1506, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAUBARD, ROBERT M	2. NAME	
STREET ADDRESS	2692 US 1 SOUTH, STE 203	3. STREET ADDRESS	
CITY, ST, ZIP	ST. AUGUSTINE FL 32086	4. CITY, ST, ZIP	
TITLE		5. NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
TITLE		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	
TITLE		21. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	
TITLE		25. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		26. NAME	
STREET ADDRESS		27. STREET ADDRESS	
CITY, ST, ZIP		28. CITY, ST, ZIP	

14. I declare under penalty of perjury that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 190.07(6), 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 and force under law that I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 190, Florida Statutes, and that my signature appears in Block 12 or Block 13, if required, or on an affidavit and with an address.

SIGNATURE:

SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 904-792-5022