

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000075185 (7)**

1. Corporation Name

COUNTY TITLE SERVICES, INC.



Principal Place of Business 2665 SOUTH BAY SHORE DR SUITE 1100 MIAMI FL 33133 US		Mailing Address 2665 SOUTH BAYSHORE DR SUITE 1100 MIAMI FL 33133-5482 US		3. Date Incorporated or Qualified 10/29/1993	3a. Date of Last Report 03/20/1996
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0451503		Applied For Not Applicable	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip	28. Zip	29. Country		30. Country	
24. Zip	25. Country	29. Country		30. Country	
9. Name and Address of Current Registered Agent O'NAGHTEN, JUAN T 2665 SOUTH BAYSHORE DR SUITE 1100 MIAMI FL 33133				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83. City				84. Zip Code	
85. City				86. 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	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, ROLANDO	1.2 NAME	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE, STE 110	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NAGHTEN, JUAN T	2.2 NAME	
STREET ADDRESS	2665 SOUTH BAYSHORE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	DSTV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, MANUEL A	3.2 NAME	
STREET ADDRESS	2665 SOUTH BAYSHORE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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 do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0170578

CR2E034 (9/96)