

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

FILED  
May 18 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 # **P93000079478 (2)**  
1. Corporation Name  
**B-D-R TITLE CORPORATION**



Principal Place of Business <b>33 B SUNTREE PALCE MELBOURNE FL 32940 US</b>	Mailing Address <b>33 B SUNTREE PLACE MELBOURNE FL 32940 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 6767 N. Wickham Road</b> Suite, Apt. #, etc. <b>22 Suite 106</b> City & State <b>23 Melbourne, FL</b> Zip <b>24 32940</b>		2a. Mailing Address <b>26 6767 N. Wickham Road</b> Suite, Apt. #, etc. <b>27 Suite 106</b> City & State <b>28 Melbourne, FL</b> Zip <b>29 32940</b>		3. Date Incorporated or Qualified <b>11/17/1993</b>	
Country <b>25 USA</b>		Country <b>30 USA</b>		4. FEI Number <b>59-3234794</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 <b>SPRAGINS, STEVE 973 OSPREY DRIVE MELBOURNE FL 32940</b>		10. Name and Address of New Registered Agent <b>81 Name Buescher, Keith</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 6767 N. Wickham Road, Suite 500</b> <b>83</b> <b>84 City Melbourne, FL 85 Zip Code 32940</b>	
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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 *Keith Buescher* **KEITH BUESCHER** **4-29-98**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SPRAGINS, STEVE</b>		1.2 NAME	
STREET ADDRESS <b>973 OSPREY DRIVE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>MELBOURNE FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LEISS, PATRICIA A</b>		2.2 NAME	<b>P Leiss, Patricia A.</b>
STREET ADDRESS <b>49 ECHO STREET</b>		2.3 STREET ADDRESS	<b>1849 Echo Ct.</b>
CITY-ST-ZIP <b>DELTONA FL</b>		2.4 CITY-ST-ZIP	<b>Deltona, FL 32725</b>
TITLE <b>S</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>YELLAND, RONALD J</b>		3.2 NAME	<b>Yelland, Ronald J.</b>
STREET ADDRESS <b>5320 CHESWICK CIRCLE</b>		3.3 STREET ADDRESS	<b>5320 Cheswick Circle</b>
CITY-ST-ZIP <b>ORLANDO FL</b>		3.4 CITY-ST-ZIP	<b>Orlando, FL</b>
TITLE <b>TCO</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KUSH, ROBERT M</b>		4.2 NAME	<b>Kush, Robert M.</b>
STREET ADDRESS <b>837 OAK PARK DR</b>		4.3 STREET ADDRESS	<b>837 Oak Park Drive</b>
CITY-ST-ZIP <b>MELBOURNE FL</b>		4.4 CITY-ST-ZIP	<b>Melbourne, FL 32940</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Buescher, Keith</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>812 Oak Park Drive</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Melbourne, FL 32940</b>
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 *Robert M. Kush* **ROBERT M. KUSH** **4-29-98** **167 350 6022**

CR2E034 (10/97)