

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

DOCUMENT # P94000009989 (2)

1. Corporation Name

HAYHURST TITLE SERVICES INCORPORATED

Principal Place of Business

2601 S. BAYSHORE DRIVE, STE. 250  
COCONUT GROVE FL 33133

Mailing Address

2601 S. BAYSHORE DRIVE, STE. 250  
COCONUT GROVE FL 33133



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LEHRER, GREGG E  
2601 S. BAYSHORE DRIVE, STE. 250  
COCONUT GROVE FL 33133

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 607.1508, 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, if not applicable

(If not Registered Agent Signature, please sign where indicated)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HAYHURST-ROMANO, PATRICIA	
STREET ADDRESS	2900 NOTOMA ST.	
CITY-STATE-ZIP	COCONUT GROVE FL 33133	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LEHRER, GREGG R	
STREET ADDRESS	17667 S.W. 6TH CT.	
CITY-STATE-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROMANO, JAMES A JR	
STREET ADDRESS	2900 NATOMA ST.	
CITY-STATE-ZIP	COCONUT GROVE FL 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KISLAK, JONATHAN I	
STREET ADDRESS	701 BRICKELL AVE., SUITE 1400	
CITY-STATE-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hayhurst, Patricia	
1.3 STREET ADDRESS	2900 Notoma St.	
1.4 CITY-STATE-ZIP	Coconut Grove, FL 33133	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

3-18-96 (305) 857-0222

CR2E034 (12/95)