SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUN 14 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000029602 (7)**

1. Corporation Name
TITLE AUTHORITY, INC.

Principal Place of Business	Mailing Address
7336 W. 20 AVE. HIALEAH FL 33016	7336 W. 20 AVE. HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/19/1994
3a. Date of Last Report:

2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:

4. FEI Number: 65-0494121 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BLANFORD, SHARON
7832 DILIDO BLVD.
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number Is Not Acceptable)
93
94 City **FL** 95 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DIRECTOR / PRESIDENT ☐ Change ☐ Addition
NAME	BLANFORD, SHARON	1.2 NAME	LESLIE ALAN SCHERE
STREET ADDRESS	7832 DILIDO BLVD.	1.3 STREET ADDRESS	7336 W. 20 AVE
CITY-ST-ZIP	MIRAMAR FL 33023	1.4 CITY-ST-ZIP	HIALEAH, FLA. 33016
TITLE		2.1 TITLE	VICE PRESIDENT ☐ Change ☑ Addition
NAME		2.2 NAME	SHARON BLANFORD
STREET ADDRESS		2.3 STREET ADDRESS	7336 W. 20 AVE.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	HIALEAH FLA. 33016
TITLE		3.1 TITLE	SECRETARY ☐ Change ☑ Addition
NAME		3.2 NAME	CARLOS M. ROSSELLO
STREET ADDRESS		3.3 STREET ADDRESS	7336 W. 20 AVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	HIALEAH, FLA 33016
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	DM 7/10
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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: SHARON BLANFORD 6/7/95 305-824-2439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SHARON BLANFORD

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