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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400056715 (3)

TITLE COMPANY OF THE SOUTH, BROWARD, INC.

Principal Place of Business Mailing Address

12550 BISCAYNE BLVD SUITE 400 12550 BISCAYNE BLVD SUITE 401 NORTH MIAMI FL 33181 NORTH MIAMI FL 33181-2537

## FILED May 09 1997 8:00am Secretary of State



12550 BISCAYNE BLVD SUITE 400 North Miami Fl 83181			12550 BISCAYNE BLVD SUITE 400 NORTH MIAMI FL 33181-2537						
						3. Date incorporated or Qualified 07/29/1994	3a. Date of 07/16/1		pport
	ace of Business	2a. Mailing A	Address			4. FEI Number			plied For
21		26	26			65-0566230		No	t Applicable
Suite, Apl.,#, etc.		Suite Ar	Suite, Apt. V. etc.			5. Certificate of Status Desired	1 1 7		dditional
22	Bure	27 ()	NIO			V. Cerimeate of diates Desired		Fee Re	quired
City & Stale	) <b>V</b>	City & St	late			6. Election Campaign Financing			May Bo
23	Constant	28	г			Trust Fund Contribution		Added 1	
Zip	Country	Zip			ntry	8. This corporation has liability for			199.032,
24	9. Name and Address of Curre	29 ent Registered Age		30		Florida Statutes  10. Name and Address of New Re	Yes No		
CITY	W, JULIE S	riogistoros Agr			81 Name	19. Hame and Addiess of New Re	B. a. c. vu Agail		
1259 NOF	50 BISCAYNE BLVD SUITE 400 ITH MIAMI FL 33181				83 City 0	diess (P.O. S. Number is Not Acceptal S.D. Bypowy (E. R.M.)	FL  85	NE 33	400 181
11. Pursuant to office or reagent. Lar	to the provisions of Sections 607.05 egistered agont, or both, in the State in familiar with and accopt the oblig	e of Florida. Such a <del>gation<u>e of</u> Se</del> ction	chango was a 607.0506, Flo	es, the ab Julhorized Ada Stati	ove-named co by the corporutes.	propriation submits this statement for the ration's board of directors. I hereby acce	ourpose of char pt the appointm	nging its iont as 2 12	s registered registered
	Signature spend a printed name of registered as	·	- (), ()		Agent signature rec	quired vir.cn reinstating)	DATE	//	
12.		ND DIRECTORS	T DELETE	13.		ADDITIONS/CHANGES TO OFFICE			
TITLE	PST SHAW, JULIE S	L	DELFTE	1.4.311			L) (	Change	Addition
NAME ADDOCCO	12550 BISCAYNE BLVD SUIT	F 400		1,P NA					
STREET ADDRESS	NORTH MIAMI FL 33181	L 100			REET ADDRESS				
CITY-ST-ZIP TITLE	NOULU WINWILL 20101	· •	DELETE	1.4 CH 2.4 TH	Y - \$1 - 7IP		——————————————————————————————————————	Change	Addition
NAME	KELLEN. PAT	L	_, p.c. 16	2.2 NA			L)\	wanAe	C T VOURTON
STREET ADDRESS	10800 BISCAYNE BLVD SUIT	E 900	900		REET ADDRESS				
CITY-ST-ZIP	NORTH MIAMI FL 33181	~ ~~			IY-SI-ZIP				
TITLE	1461111 1418 A11 1 P 00 10 1	Т	DELFTE	3.1 10				hange	Addition
NAME	KELLEN, KAREN	<b>L</b>		3.2 NA			٠ بـــ		
STREET ADDRESS	10800 BISCAYNE BLVD SUIT	E 900			REEL ADDRESS				
CITY-ST-ZIP	NORTH MIAMI FL 33181		,		IY-ST-ZIP				
TITLE	V	·····	DELETE	4.1 111				hange	Addition
NAME	MACMARTIN, FREDERICK	•	•	4. 2 N/			<del></del> -	~	
STREET ADDRESS	16461 NE 6TH AVE.				REET ADDRESS				
CITY-ST-ZIP	N. MIAMI BCH. FL 33162				Y-S1-ZIP				
TITLE			DELETE	51 10				hange	Addition
NAME		_		5 2 NA				-	
STREET ADDRESS				4	REET ADDRESS				
CITY-SI-ZIP				1	Y-S1-7)P				
TITLE		Ţ	DELETE	61 TIT				hange	Addition
NAME		_		62 NA				•	
STREET ADDRESS					REET ADDRESS				
CITY-ST-ZIP					Y-\$1-7IP				
14. I do heret	by certify that the information applied	ed with this filing d	oes not qualif	y for the	exemption stat	ed in Section 119.07(3)(i), Florida Statute	s. I further cert	ify that	the
informatio	n indicated on this annual report or	supplemental anni	ual report is tr	ue and a	ccuráte and th	nat my signature shall have the same leg port as required by Chapter 607, Florida	al effect as if ma	ade und	der oath; tha