

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

FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000056715 (3)

1. Corporation Name

TITLE COMPANY OF THE SOUTH, BROWARD, INC.



Principal Place of Business

Mailing Address

12550 BISCAYNE BLVD SUITE 400  
NORTH MIAMI FL 33181

12550 BISCAYNE BLVD SUITE 400  
NORTH MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1994

4. FEI Number

65-0566230

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 a tax year ending on the 1st day of the year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 10800 BISCAYNE BLVD STE 560

26 10800 BISCAYNE BLVD STE 560

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE 560

27 STE 560

City & State

City & State

23 NORTH MIAMI, FLORIDA

28 NORTH MIAMI, FLORIDA

Zip

Country

Zip

Country

24 33161

25 DADE

29 33161

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAW, JULIE S  
12550 BLVD STE 400  
NORTH MIAMI FL 33181

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 and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PST  
STREET ADDRESS SHAW, JULIE S  
CITY-ST-ZIP 12550 BISCAYNE BLVD SUITE 400  
NORTH MIAMI FL 33181

TITLE ☐ DELETE

NAME V  
STREET ADDRESS KELLEN, PAT  
CITY-ST-ZIP 10800 BISCAYNE BLVD SUITE 900  
NORTH MIAMI FL 33181

TITLE ☐ DELETE

NAME V  
STREET ADDRESS KELLEN, KAREN  
CITY-ST-ZIP 10800 BISCAYNE BLVD SUITE 900  
NORTH MIAMI FL 33181

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

JULIE S. SHAW PRESIDENT

4-20-98 305 895-1560

CR2E034 (10/97)