

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90019 038 ***150.00

DOCUMENT # P94000056715

1. Corporation Name

TITLE COMPANY OF THE SOUTH, BROWARD, INC.

Principal Place of Business

10800 BISCAYNE BLVD
STE 560
N MIAMI FL 33161
US

Mailing Address

10800 BISCAYNE BLVD
STE 560
N MIAMI FL 33161
US

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 owes the current year Intangible

Personal Property Tax.



Yes



No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

JULIE S. SHAW

82 Street Address (P.O. Box Number is Not Acceptable)

10800 BISCAYNE BLVD, STE 560

83

84 City

NORTH MIAMI

FL

85 Zip Code

33161

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

JULIE S. SHAW, PRESIDENT

4-8-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

PST

DELETE

NAME

SHAW, JULIE S

STREET ADDRESS

12550 BISCAYNE BLVD SUITE 400

CITY-ST-ZIP

NORTH MIAMI FL 33181

TITLE

V

DELETE

NAME

KELLEN, PAT

STREET ADDRESS

10800 BISCAYNE BLVD SUITE 900

CITY-ST-ZIP

NORTH MIAMI FL 33181

TITLE

V

DELETE

NAME

KELLEN, KAREN

STREET ADDRESS

10800 BISCAYNE BLVD SUITE 900

CITY-ST-ZIP

NORTH MIAMI FL 33181

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, with all other like empowered.

SIGNATURE:

SIGNATURE JULIE S. SHAW, PRESIDENT

4-8-99

305 895-1560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)