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**Mar 04 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000064984 (5)

1. Corporation Name
AGENTS' TITLE, INC.



Principal Place of Business
**2810 E OAKLAND PARK BLVD
SUITE 200
FT LAUDERDALE FL 33306
US**

Mailing Address
**2810 E OAKLAND PARK BLVD
SUITE 200
FT LAUDERDALE FL 33306-1801
US**

3. Date Incorporated or Qualified **08/30/1994** 3a. Date of Last Report **04/18/1996**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **65-0526268** Applied For Not Applicable

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAYMOND E. GLYNN
280 TRADEWINDS SOUTH
LAUDERDALE BY THE SEA FL 33308**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	REVER, LARRY	
STREET ADDRESS	1525 CORAL RIDGE DRIVE	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	DVST	<input type="checkbox"/> DELETE
NAME	GLYNN, RAYMOND	
STREET ADDRESS	280 TRADEWINDS SOUTH	
CITY - ST - ZIP	LAUDERDALE BY THE SEA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MOORE, PAM	
STREET ADDRESS	2810 E. OAKLAND PARK BLVD., STE 200	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	33304
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	33308
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TERI SIEBER
3.3 STREET ADDRESS	2810 E OAKLAND PARK BLVD #200
3.4 CITY - ST - ZIP	FT. LAUDERDALE 33306
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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, checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97 954-396-5901
Date Daytime Phone #

CR2E034 (9/96)