FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUL 11 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000078438 (6)**

1. Corporation Name
AWARD TITLE SERVICES, INC.

Principal Place of Business	Mailing Address
801 NE 167TH ST #302-A NORTH MIAMI FL 33162	801 NE 167TH ST #302-A NORTH MIAMI FL 33162

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/25/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 801 N.E. 167 Street	26 801 N.E. 167 Street
Suite, Apt. #, etc. 22 #302A	Suite, Apt. #, etc. 27 #302A
City & State 23 North Miami Beach, FL	City & State 28 North Miami Beach, FL
Zip 24 33162 / County 25 USA	Zip 29 33162 / County 30 USA

4. FEI Number: XX — ☐ 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	10. Name and Address of New Registered Agent
SAVAGE, CRAIG D 801 NE 167TH ST #302-A NORTH MIAMI FL 33162 NORTH MIAMI BEACH, FL 33162	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 _____ 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	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	SAVAGE, CRAIG D	1.2 NAME	
STREET ADDRESS	801 NE 167TH ST #302-A	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	MAMBER, MILTON	2.2 NAME	
STREET ADDRESS	801 NE 167TH ST #302-A	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162	2.4 CITY-ST-ZIP	
TITLE	DST	3.1 TITLE	☐ Change ☐ Addition
NAME	SINGER, STEVEN M	3.2 NAME	
STREET ADDRESS	801 NE 167TH ST #302-A	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162	3.4 CITY-ST-ZIP	
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	
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	

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)(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: Craig D. Savage Pres. — June 29, 1995 — (305) 651-4101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Craig D. Savage, President

0178192 CP