

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000080854 (0)

1. Corporation Name

RESORTS TITLE INC.



Principal Place of Business

Mailing Address

6400 NORTH ANDREWS AVENUE
EXECUTIVE OFFICES SUITE 200
FT. LAUDERDALE FL 33309

6400 NORTH ANDREWS AVENUE
EXECUTIVE OFFICES SUITE 200
FT. LAUDERDALE FL 33309

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

11/01/1994

3a. Date of Last Report

05/08/1995

4. FEI Number

65-0532714

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. 190.03?
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MULLER, RALPH P
6400 NORTH ANDREWS AVENUE
EXECUTIVE OFFICES SUITE 200
FT. LAUDERDALE FL 33309

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 type for principal officer of registered agent and for applicable

Ralph P. Muller

(NOTE: Registered Agent's signature required when resigning)

8-1-96

(DATE)

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MULLER, RALPH P
STREET ADDRESS 6400 NORTH ANDREWS AV., EXEC. OFF. STE 200
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

11 TITLE P/D ☐ Change ☒ Addition
12 NAME Sheehan, Kevin M.
13 STREET ADDRESS 6400 N. Andrews Ave, Ste 200
14 CITY-ST-ZIP Ft. Lauderdale FL 33309

21 TITLE D/COO/S ☐ Change ☒ Addition
22 NAME Cairo, Henry M.
23 STREET ADDRESS 6400 N. Andrews Ave, Ste 200
24 CITY-ST-ZIP Ft. Lauderdale, FL 33309

31 TITLE D/CEO ☒ Change ☐ Addition
32 NAME Muller, Ralph P.
33 STREET ADDRESS 6400 N. Andrews Ave, Ste 200
34 CITY-ST-ZIP Ft. Lauderdale, FL 33309

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph P. Muller

8-1-96

331-8500

CR2E034 (3/96)