

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

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Jan 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000016246 (7)

1. Corporation Name

TITLE MASTERS OF FLORIDA, INC.



Principal Place of Business

Mailing Address

% HHH
6353 W. ROGERS CIR., SUITE 1
BOCA RATON FL 33487
US

% HHH
6353 W. ROGERS CIR., SUITE 1
BOCA RATON FL 33487-2757
US

3. Date Incorporated or Qualified
02/24/1995

3a. Date of Last Report
01/30/1996

2. Principal Place of Business

2a. Mailing Address

21 1001 W. CYPRESS CK. RD.

26 1001 W. CYPRESS CK. RD

Suite, Apt. #, etc

Suite, Apt. #, etc

22 SUITE 320

27 SUITE 320

City & State

City & State

23 FORT LAUDERDALE, FL

28 FORT LAUDERDALE, FL

Zip

Country

Zip

Country

24 33309

25 US

29 33309

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINZNER, BETH
1311 NEW PORT CENTER DR W
SUITE B
DEERFIELD BEACH FL 33442

81 Name

BETH LINZNER

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

1001 W. CYPRESS CREEK RD

83

SUITE 320

84

FORT LAUDERDALE

FL

85

Zip Code

33309

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Beth Linzner (BETH E. LINZNER)

1/7/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	LINZNER, BETH E	
STREET ADDRESS	1311 NEW PORT CENTER DR W #B	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1001 W. CYPRESS CREEK RD. #320
1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beth Linzner

1/7/97 (854) 202-9663

CR2E034 (9/96)