

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000037610 (9)**

1. Corporation Name

FIRST HOME TITLE SERVICES, INC.



Principal Place of Business

**104 CRANDON BLVD.
SUITE 302
KEY BISCAIYNE FL 33149**

Mailing Address

**104 CRANDON BLVD.
SUITE 302
KEY BISCAIYNE FL 33149**

3. Date Incorporated or Qualified

05/11/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **9300 S. DADELAND BLVD**

26 **9300 S. Dadeland Blvd**

4. FEI Number

65-0583050

Applied For

Not Applicable

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc

23 **201**

27 **SUITE 201**

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

24 City & State

28 City & State

MIAMI, FL

MIAMI, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

25 Zip

Country

29 Zip

Country

33156

USA

33156

USA

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

**SALA, A. ROSEMARY
104 CRANDON BLVD.
SUITE 302
KEY BISCAIYNE FL 33149**

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 607.0508, 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 607.0503, Florida Statutes.

SIGNATURE

Signature must be printed in block and typed in full name.

(NOTE: Registered Agent Signature required when reinstating)

DATE

2/21/96

12. OFFICERS AND DIRECTORS

1.1 TITLE **D** ☒ DELETE

1.2 NAME **SALA, A. ROSEMARY**
1.3 STREET ADDRESS **104 CRANDON BLVD., SUITE 302**
1.4 CITY - ST - ZIP **KEY BISCAIYNE FL 33149**

2.1 TITLE ☐ DELETE

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ DELETE

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ DELETE

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ DELETE

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ DELETE

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT - SECRETARY** ☐ Change ☒ Addition

1.2 NAME **ROBERTA H MORRISON**
1.3 STREET ADDRESS **18425 SW 200 ST**
1.4 CITY - ST - ZIP **MIAMI FL 33187**

2.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition

2.2 NAME **ROSEMARY SALA**
2.3 STREET ADDRESS **104 CRANDON BLVD. #302**
2.4 CITY - ST - ZIP **KEY BISCAIYNE, FL 33149**

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 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 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

Robert H Morrison President

2/21/96

(305) 670-7447

CR2E034 (12/95)