

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

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 95 0000 40945 1. Corporation Name TITLE PARTNERS OF AMERICA, INC.			
Principal Place of Business 1715 N. WESTSHORE BOULEVARD #150 TAMPA, FL 33607		Mailing Address 1715 N. WESTSHORE BOULEVARD #150 TAMPA, FL 33607	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	May 22, 1995	12/17/96
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0586007	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input checked="" type="checkbox"/>	
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29		
Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
25	30		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ALAN S. GREBER 1715 N. WESTSHORE BLVD #150 TAMPA, FL 33607		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: <i>Alan S. Greber</i>		4/28/97	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 D.P. NAME	ALAN S. GREBER 3008 FAIROAKS AVE TAMPA, FL 33611	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 D NAME	HOWARD M. GREBER 4574 CHERRYBARK CT. SARASOTA, FL 34241	12 NAME	
12.3 D NAME		13 STREET ADDRESS	
12.4 D NAME		14 CITY-ST-ZIP	
12.5 D NAME		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 D NAME		22 NAME	
12.7 D NAME		23 STREET ADDRESS	
12.8 D NAME		24 CITY-ST-ZIP	
12.9 D NAME		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 D NAME		32 NAME	
12.11 D NAME		33 STREET ADDRESS	
12.12 D NAME		34 CITY-ST-ZIP	
12.13 D NAME		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 D NAME		42 NAME	
12.15 D NAME		43 STREET ADDRESS	
12.16 D NAME		44 CITY-ST-ZIP	
12.17 D NAME		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 D NAME		52 NAME	
12.19 D NAME		53 STREET ADDRESS	
12.20 D NAME		54 CITY-ST-ZIP	
12.21 D NAME		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 D NAME		62 NAME	
12.23 D NAME		63 STREET ADDRESS	
12.24 D NAME		64 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 included 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: <i>Alan S. Greber, President</i>		4/28/97 813-282-8414	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ALAN S. GREBER, PRESIDENT		Date Daytime Phone #	

CR2E034 (9/96)