

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000065682 (3)

1. Corporation Name
A & B TITLE, INC.



Principal Place of Business
100 NORTHEAST 3RD AVENUE STE 850
FORT LAUDERDALE FL 33301

Mailing Address
100 NORTHEAST 3RD AVENUE STE 850
FORT LAUDERDALE FL 33301

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

08/24/1995

3a. Date of Last Report

4. FEI Number

45-0189947

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0507 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 607.0508, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DAY

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
PSTD
BENJAMIN, JAMES S
100 NORTHEAST 3RD AVENUE STE 850
FORT LAUDERDALE FL 33301

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13.

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

500001751585

03/20/96-01102-018

***200.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES S. BENJAMIN

0-26-96 357791700

CR2E034 (12/95)