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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000073715 (1)

1. Corporation Name

TITLE GUARANTY & ESCROW, INC.



Principal Place of Business

Mailing Address

3111 NORTH OCEAN DRIVE
APT. 1106
HOLLYWOOD FL 33019

3111 NORTH OCEAN DRIVE
APT. 1106
HOLLYWOOD FL 33019

2. Principal Place of Business
21 ~~499~~ 499 SHERIDAN ST

2a. Mailing Address
26 ~~499~~ 499 SHERIDAN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 202

27 #202

City & State

City & State

23 DANIA FL

28 DANIA FL

Zip

Zip

24 33004

29 33004

Country

Country

25 USA

30 USA

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name BONNIE GUESS - PRES.
82 Street Address (P.O. Box Number is Not Acceptable)
499 SHERIDAN ST
83 #202
84 City DANIA FL 85 Zip Code 33004

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] Pres. BONNIE J. GUESS

(NOTE: Registered Agent signature required when reinstating)

3/5/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	GUESS, BONNIE	3111 NORTH OCEAN DRIVE, APT. 1106	HOLLYWOOD FL 33019	<input type="checkbox"/>
D	CARLTON, RONALD E	3111 NORTH OCEAN DRIVE, APT. 1106	HOLLYWOOD FL 33019	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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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] Pres. BONNIE J. GUESS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

954-9279940

Date

Daytime Phone #

CR2E034 (12/95)