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

PROFIT CORPORÁTION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P95000073715 (1)

TITLE GUARANTY & ESCROW, INC.



	f Business	Mailing Address		1 00014801 419 4049 8414 80441 881	
9111 NORTH APT, 1106	OCEAN DRIVE	3111 NORTH OCEAN D APT. 1106	RIVE		
HOLLYWOOD	FL 33019	HOLLYWOOD FL 33019			<del> </del>
11000		11022111000 12 00010		3. Date Incorporated or Qualified 09/22/1995	3a. Date of Last Report
2. Principal Place	e of Business	2a. Mailing Address	499 SYERIOAN	4. FEI Number	Applied For
21 6 40	99 SHERIDANS		3 <i>F</i>	63-06116	Not Applicable
Suite Apt! #,		Suite, Apt. #, etc.	rox	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	ANIA FL	City & State	FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zp 330	04 251 Country USA	2p 33004	Country 30 USA	8. This corporation has liability for in Florida Statutes Yes	
<u></u>	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent
	AND THE RESIDENCE OF THE STATE		81 Name L	BONNIE GUESS	- PRES.
CORPO	RATION SERVICE COMPANY		82 Street Addre	ess (P.O. Box Number is Not Acceptab	(XE).
	YS STREET		Street Addre	199 SHERIDAN	St
	ASSEE FL 32301-2525		83	£202	
W			<b>84</b> City 7	JANIA	FL 85 Zip Code 3 300 4
1. Ursuant to	the provisions of Sections 607,0502	and 607.1508, Florida Statutes,	the above-named corpora	ation submite this etatement for the nur	open of changing its registered office
or registered	agent, or yoth, in the State of Florida	a. Such change was authorized	by the corporation's boar-	rd of directors. I hereby accept the appoint	bintment as régistered agent. I am
	The second second	ni our coos, richoa statutes.	BONNIE J. GL	UES <b>\$</b>	3/5/96
SIGNATURE					אווע וע
Signature.	grature, typed or printed name of registered agent a	notice Lappicable (NOTE:	Registered Agent signature required	5 when reinstating)	DAT
SIGNATURE.	gature, typed or printed name of registered agent a OFFICERS AND		Registered Agent signature required 13.	o when reinstating)  ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
Si			The second secon		DAY  CERS AND DIRECTORS IN 12  Change Addition
12. /	OFFICERS AND	DIRECTORS	13.		
12. 111LE	OFFICERS AND D GUESS, BONNIE	DEFECTORS  DEFETE	13. 1.1 Title		
12.  111LE  NAME  STREET ADDRESS	OFFICERS AND D GUESS, BONNIE 3111 NORTH OCEAN DRIVE	DEFECTORS  DEFETE	13. 1.1 Trille 1.2 NAME		
12. TITLE NAME	OFFICERS AND D GUESS, BONNIE	DEFECTORS  DEFETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS		
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Airector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name is 13 if changed, or on an attachment with an address.

**SIGNATURE**