

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000082726 (7)

1. Corporation Name
TITLE FINANCE, INC.,

Principal Place of Business
2415 BLANDING BLVD.
NO. 10
JACKSONVILLE FL 32210

Mailing Address
2415 BLANDING BLVD.
NO. 10
JACKSONVILLE FL 32210

FILED
97 JUL 23 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|---------------------------------------|--|
| 3. Date Incorporated or Qualified 10/27/1995 | | 3a. Date of Last Report 03/30/1996 | |
| 4. FEI Number 59-3340922 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | |
|---|--|--|--|--|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 *[Signature]* *President*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|-----------------------|
| TITLE | P MIDDLECUFF, JEFF R | 1.1 TITLE | 900002248389-6 |
| NAME | 4227 FOREST PARK RD | 1.2 NAME | -07/25/97--01112--007 |
| STREET ADDRESS | JACKSONVILLE FL 32210 | 1.3 STREET ADDRESS | ****165.00 ****165.00 |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | V MIDDLECUFF, CURTIS R | 2.1 TITLE | |
| NAME | 4455 COUNTRY CLUB RD | 2.2 NAME | |
| STREET ADDRESS | JACKSONVILLE FL 32210 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | V MIDDLECUFF, ROBERT R | 3.1 TITLE | |
| NAME | ORTEGA BLVD | 3.2 NAME | |
| STREET ADDRESS | JACKSONVILLE FL 32210 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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 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]* 7/21/97 904-385-2276

CR2E034 (4/97)

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TITLE FINANCE

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

7 / 21 / 97

RE: Filing annual return for Title Finance, Inc.

To whom it may concern:

I called your office as soon as I received your "2nd notice." This report, along with three others that we file were sent at the same time. One of the reports was apparently processed and three others either did not get there because of the mail or were lost in the shuffle. The person that I spoke with told me to write a letter and mail it to this address in order to be able to get the \$385.00 penalty removed.

I assure you that this is not something that we overlooked. I would never not pay something that I know carries such a stiff penalty. Thank you for your cooperation in this matter. If you have any questions please call me.

Sincerely,


Jeffrey R. Middlekauff