

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

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000085662 (1)

1. Corporation Name
U.S. TITLE EXPRESS, INC.



Principal Place of Business
122 SOUTH HOWARD AVENUE
TAMPA FL 33606

Mailing Address
122 SOUTH HOWARD AVENUE
TAMPA FL 33606-1725

3. Date Incorporated or Qualified 11/07/1995
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 1017 U.S. HWY. 301 SOUTH
Suite Apt. #, etc.

2a. Mailing Address
26 P.O. BOX 17544
Suite, Apt. #, etc.

4. FEI Number 59-3349107
Applied For Not Applicable

22 # 1

27
28 CLEARWATER, FLORIDA
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 TAMPA, FLORIDA
City & State

28 CLEARWATER, FLORIDA
City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33619 25 U.S.A.
Zip Country

29 34622-0544 30 U.S.A.
Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZEPKA, DOUGLAS
122 S. HOWARD AVENUE
TAMPA FL 33606

81 Name FRANK P. ROTHSCHILD
82 Street Address (P.O. Box Number is Not Acceptable) 5500 ULMERTON ROAD
83
84 City CLEARWATER FL 85 Zip Code 34620

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 Frank P. Rothschild
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 ☐ DELETE
NAME ZEPKA, DOUGLAS
STREET ADDRESS 122 S. HOWARD AVE.
CITY-ST-ZIP TAMPA FL 33606

1.1 TITLE PSD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1017 U.S. HWY. 301 SOUTH, SUITE #1
1.4 CITY-ST-ZIP TAMPA, FL 33619

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE VTD ☐ Change ☒ Addition
2.2 NAME FRANK P. ROTHSCHILD
2.3 STREET ADDRESS 5500 ULMERTON ROAD
2.4 CITY-ST-ZIP CLEARWATER, FL 34620

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 Frank P. Rothschild, FRANK P. ROTHSCHILD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-258-0104
Daytime Phone #

CR2E034 (9/96)