

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

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Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000091056 (8)**

1. Corporation Name
TITLE PROFESSIONALS, INC.



Principal Place of Business C/O BRINKLEY, MCNERNEY, MORGAN ET AL 200 EAST LAS OLAS BLVD. STE 1800 FORT LAUDERDALE FL 33301	Mailing Address C/O BRINKLEY, MCNERNEY, MORGAN ET AL 200 EAST LAS OLAS BLVD. STE 1800 FORT LAUDERDALE FL 33301-2248
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3. Date Incorporated or Qualified 11/28/1995	3a. Date of Last Report 04/24/1996
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2. Principal Place of Business 21 Title Professionals, Inc. Suite, Apt. #, etc. 22 701 W. Cypress Creek Rd S-300 City & State 23 Ft. Lauderdale, Florida Zip 24 33309	2a. Mailing Address 26 Title Professionals, Inc. Suite, Apt. #, etc. 27 701 W. Cypress Creek Rd S-300 City & State 28 Ft. Lauderdale, Florida Zip 29 33309	4. FEI Number APPLIED FOR 65-0657212 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent JOYCE, KENNETH J 200 EAST LAS OLAS BLVD. STE 180 FORT LAUDERDALE FL 33301		10. Name and Address of New Registered Agent 81 Name Michael J. Joyce 82 Street Address (P.O. Box Number is Not Acceptable) 4814 N.W. 14th Dr. 83 84 City Coconut Creek FL 85 Zip Code 33063	
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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  **Michael J. Joyce** President **3/21/97**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME JOYCE, MICHAEL J		1.2 NAME	
STREET ADDRESS 4814 NW 14TH DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP COCONUT CREEK FL 33063		1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  **Michael J. Joyce** President **3-21-97 (454) 351-8844**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)