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Feb 11 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 # P96000003509 (2)

1. Corporation Name
TROPICAL TITLE, INC.



Principal Place of Business
152 N.E. 167TH ST., 5TH FLOOR
NORTH MIAMI BEACH FL 33162

Mailing Address
152 N.E. 167TH ST., 5TH FLOOR
NORTH MIAMI BEACH FL 33162-3403

3. Date Incorporated or Qualified 01/10/1996		3a. Date of Last Report	
4. FEI Number 65-0634328		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21 2020 N.E. 163rd Street	26 Suite, Apt #, etc.	27 Suite, Apt #, etc.	28 City & State
22 202	27 City & State	28 City & State	29 Zip
23 North Miami Beach	29 Zip	30 Country	31 Country
24 Florida	25 USA	29 33162	30

9. Name and Address of Current Registered Agent
AELION & LOREN, P.A.
152 NORTHEAST 167TH STREET, 5TH FL.
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent	
81 Name MARTINE L. VENDRYES	82 Street Address (P.O. Box Number is Not Acceptable) 2020 N.E. 163rd Street, Suite 202
83 City North Miami Beach	84 FL 85 Zip Code 33162

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, Sections 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: 1/30/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME AELION, DAVID M	1.1 TITLE DVP/D	1.2 NAME Christopher P. Kelley
STREET ADDRESS 152 N.E. 167TH ST., 5TH FLOOR	CITY-ST-ZIP NORTH MIAMI BEACH FL 33162	1.3 STREET ADDRESS 2020 N.E. 163rd Street, Suite 202	1.4 CITY-ST-ZIP North Miami Beach, FL 33162
TITLE VD	NAME LOREN, JAMES M	2.1 TITLE	2.2 NAME
STREET ADDRESS 152 N.E. 167TH ST., 5TH FLOOR	CITY-ST-ZIP NORTH MIAMI BEACH FL 33162	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	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: *[Signature]* DATE: 1/30/97

CR2E034 (9/96)