

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

FILED

**Mar 13 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 # P96000014559 (4)

1. Corporation Name
TOTAL INVESTMENT GROUP, INC.



Principal Place of Business 10276 SPRINGTREE LAKES DRIVE SUNRISE FL 33351	Mailing Address 10276 SPRINGTREE LAKES DRIVE SUNRISE FL 33351-7867
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3. Date Incorporated or Qualified 02/14/1996	3a. Date of Last Report
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2. Principal Place of Business 21 11060 NW 24 ST Suite, Apt #, etc.	2a. Mailing Address 26 11060 NW 24 ST Suite, Apt #, etc.
22 City & State Cor. Sp. FL	27 City & State Coral Springs FL
23 Zip 33065	25 Country Brow
24 Zip 33065	29 Country Brow

4. FEI Number 65-0691556	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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	

9. Name and Address of Current Registered Agent SCAVONE, LUCILLE 10276 SPRINGTREE LAKES DRIVE SUNRISE FL 33351	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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: *Lucille Scavone* (NOTE: Registered Agent signature required when reinstating) DATE: **2-27-97**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D
STREET ADDRESS	SCAVONE, LUCILLE 10276 SPRINGTREE LAKES DRIVE SUNRISE FL 33351
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	P
STREET ADDRESS	Lucille Scavone 11060 NW 24 ST Coral Sp. FL 33065
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	11060 NW 24 ST Coral Springs FL 33065
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Lucille Scavone* DATE: **2-6-97** DAYTIME PHONE #: **954-572-0414**

CR2E034 (9/96)