

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

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthant Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **P96000041181 (4)**
1. Corporation Name
TITLE VENTURES, INC.

Principal Place of Business 13131 UNIVERSITY DRIVE FORT MYERS FL 33907	Mailing Address 13131 UNIVERSITY DRIVE FORT MYERS FL 33907
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/10/1996	
4. FEI Number APPLIED FOR	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent ASHBY, CHARLES C 13131 UNIVERSITY DRIVE FORT MYERS FL 33907	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

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 FL

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASHBY, CHARLES C	1.2 NAME	CAROL S. WEAVER
STREET ADDRESS	13131 UNIVERSITY DRIVE	1.3 STREET ADDRESS	13131 UNIVERSITY DRIVE
CITY-ST-ZIP	FORT MYERS FL 33907	1.4 CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, JAMES	2.2 NAME	
STREET ADDRESS	13131 UNIVERSITY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33907	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	400002551904
STREET ADDRESS		6.3 STREET ADDRESS	-06/08/98--01131--030
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

14. I 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.

CR2E034 (10/97)

2

Form **SS-4**

(Rev. December 1995)

Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

FBI

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.) Title Ventures, Inc.		3 Executor, trustee, "care of" name	
2 Trade name of business (if different from name on line 1)		5a Business address (if different from address on lines 4a and 4b)	
4a Mailing address (street address) (room, apt., or suite no.) 13131 University Drive		5b City, state, and ZIP code	
4b City, state, and ZIP code Fort Myers, FL 33907			
6 County and state where principal business is located Lee County, Florida			
7 Name of principal officer, general partner, grantor, owner, or trustee-- SSN required (See instructions) ► Charles C. Ashby		400-60-6726	
8a Type of entity (Check only one box) (See instructions.)			
<input type="checkbox"/> Sole proprietor (SSN)			
<input type="checkbox"/> Partnership			
<input type="checkbox"/> REMIC			
<input type="checkbox"/> State/local government			
<input type="checkbox"/> Other nonprofit organization (specify) ►			
<input checked="" type="checkbox"/> Other (specify) ► Title Insurance Agency			
8b If a corporation, name the state or foreign country (if applicable) where incorporated Florida			
9 Reason for applying (Check only one box)			
<input checked="" type="checkbox"/> Started new business (specify) ► Title Insurance Agency			
<input type="checkbox"/> Hired employees			
<input type="checkbox"/> Created a pension plan (specify type) ►			
10 Date business started or acquired (Mo., day, year) (See instructions.) May 10, 1996			
11 Closing month of accounting year (See instructions.) December			
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (Mo., day, year).			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter 0. (See instructions.)			
14 Principal activity (See instructions.) ► Title Insurance Agency			
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16 To whom are most of the products or services sold? Please check the appropriate box. <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ► <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A			
17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.			
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (Please type or print clearly) ► Carol S. Weaver, Vice President			
Signature ► <i>Carol S. Weaver</i> Date ► 5/26/98			
Note: Do not write below this line. For official use only.			
Please leave blank ►			
Business telephone number (include area code) 941-489-1100			
Fax telephone number (include area code) 941-489-3137			