


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 19 1997 8:00am
Secretary of State

NON-PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000043672
1. Corporation Name
INNOVATIVE TITLE AND ESCROW COMPANY

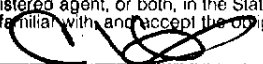
Principal Place of Business: **3343 WEST COMMERCIAL BLVD. SUITE 104 FORT LAUDERDALE, FL 33309**
Mailing Address: **3343 WEST COMMERCIAL BLVD. SUITE 104 FORT LAUDERDALE, FL 33309**

2. Principal Place of Business 21 3343 W. COMMERCIAL BLVD. Suite, Apt. #, etc. 22 SUITE 104 City & State 23 FORT LAUDERDALE, FL Zip 24 33309	2a. Mailing Address 26 3343 W. COMMERCIAL BLVD. Suite, Apt. #, etc. 27 SUITE 104 City & State 28 FORT LAUDERDALE, FL Zip 29 33309 Country 30 BROWARD	3. Date Incorporated or Qualified 5/16/96	3a. Date of Last Report	4. FEI Number 59-0705420 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent
RICHARD H. SCHULTS, ESQUIRE
225 N. FEDERAL HIGHWAY, SUITE 650
POMPANO BEACH, FL 33062

10. Name and Address of New Registered Agent
81 Name
SUSAN A. LOPEZ, ATTY IN L
82 Street Address (P.O. Box Number is Not Acceptable)
225 N. FEDERAL HIGHWAY, SUITE 600
83
84 City
POMPANO BEACH **FL** 85 Zip Code
33062

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE:  DATE: **6-16-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CYNTHIA CARAMEROS, PRESIDENT	1.2 NAME	
STREET ADDRESS	3343 W. COMMERCIAL BLVD. STE 104	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	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	500002217475
STREET ADDRESS		6.3 STREET ADDRESS	-06/19/97--01092--028
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***165.00

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DATE: **4-28-97** (954) 984-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/96)