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

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 NOV 10 AM 10: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000045955 (7)

1. Corporation Name

TITLESERV OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1451 W. CYPRESS CREEK RD. SUITE 300 FT. LAUDERDALE FL 33309	1451 W. CYPRESS CREEK RD. SUITE 300 FT. LAUDERDALE FL 33309-1999

3. Date Incorporated or Qualified **05/30/1996**	3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number *11-3336817*	Applied For / Not Applicable
21	26		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	**PRESIDENT** ☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	**JAMES J. CONWAY III**	1.2 NAME **500002346445---1**
STREET ADDRESS	**45 EXECUTIVE DR.**	1.3 STREET ADDRESS **-11/13/97--01070--001**
CITY-ST-ZIP	**PLAINVIEW, NY 11803**	1.4 CITY-ST-ZIP ******173.75 ****173.75**
TITLE	☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME		2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS **500002346445---1**
CITY-ST-ZIP		2.4 CITY-ST-ZIP **-11/13/97--01070--002**
TITLE	☐ DELETE	3.1 TITLE ******385.00 ****385.00** ☐ Change ☐ Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

CR2E034 (9/96)

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: _____   **JAMES J. CONWAY III**   2/19/97   516-349-0600

TITLESERV ®

TITLE INSURANCE SERVICES

45 Executive Drive ● Plainview, New York 11803 ● 516/349-0600 ● FAX 516/349-0646

November 5, 1997

Annual Report Filings
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

We are in receipt of your letter dated August 15, 1997, copy enclosed. Enclosed please find the additional information you requested.

We apologize for sending the information so late, but we did not receive your letter until October 31, 1997.

We respectively request that you accept the information within the 30-day requirement.

Thank you in advance.

Sincerely,

Rocco Abbondandolo, CPA
Chief Financial Officer

RA/ram
Encl.