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Jun 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 # P96000055153 (6)

1. Corporation Name

UNIVERSAL TITLE SERVICES OF NORTH FLORIDA, INC.

Principal Place of Business

8382 BAYMEADOWS ROAD, SUITE 6
JACKSONVILLE FL 32256

Mailing Address

8382 BAYMEADOWS ROAD, SUITE 6
JACKSONVILLE FL 32256-7436



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/26/1996

3a. Date of Last Report

4. FEI Number

APPLIES FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

SACKS, DAVID B
353 EAST FORSYTH STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

PATRICK M SINGLETARY

82 Street Address (P.O. Box Number is Not Acceptable)

8382 BAYMEADOWS RD #15

83

84

City

JACKSONVILLE

FL

85

Zip Code

32256

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 date of applicable

(More Registered Agent signature required when reinstating)

5/1/97

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D SACKS, DAVID B
353 EAST FORSYTH STREET
JACKSONVILLE FL 32202

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D RUSSO, PETER J
8382 BAYMEADOWS ROAD, SUITE 6
JACKSONVILLE FL 32256

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D SINGLETARY, PATRICK M
8382 BAYMEADOWS ROAD, SUITE 6
JACKSONVILLE FL 32256

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

100002196891
-06/02/97--01002--011
***990.00

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 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

5/1/97

CR2E034 (9/96)