THE HOUTER AFTER WAY 110 WOOD PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS ..1997 97 SEP 30 PM 3: 52 **DOCUMENT #** SECRETARY OF STATE TALLAHASSEE, FLORIDA Universal Title Services of Noveth FloridA, Inc P96000055153 siness Mailing Address 82 Baymeadows Rd. Same 3. Date Incorporated or Qualified 3a. Date of Last Report Sonville, A. 32356 Jace of Business Lime as above 26 Same as above 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State Crty & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zφ Country Zip Yes No Florida Statutes 30 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Nam@Flora Bowman 82 Strect/8idmss (P.A. Box Number is Not Acceptable) 83 84 CityJacksonville 85 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 fair by with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE: | 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 agent. I am fair by with, and accept the obligations of, Section 607.0505. Florida Statutes. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Peter J. Russo And 8382 Baymeadows Rd. Flora W. Bowman 11 TITLE TITLE 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS Jacksprville Bch., FL. 32250 V.P.-Patrick Singletan Change MAddition 13613 Marsh Harbour North cksonville FL 32256 1.4 CITY - ST- ZIP CITY-ST-ZIP 21 TITLE TITLE NAME 2 3 STREET ADDRESS STREET ADDRESS 2.4 CHY-ST-2IP CITY-SY-ZIP 8000023082¹³"-⁰⁴"" 200-10/01/97-01016 DELF TE 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS *****61.25 *****61.25 3 4. C(1Y - S1 - Z)P CITY-ST-ZIP __ Change ___ Addition DELETE 4.1 1111.5 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5111111 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-S1-ZIP CITY-ST-ZIP DELETE 6 1 TIZLE Change Addition THLE

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 logal effect as if made under oath; that if 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.

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

Down or

9-24-97

(96/6)