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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary & State

DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000058085 (7)

TITLE MANAGEMENT AND CONSULTING GROUP, INC.

FIRST FINANCIAL ServicES, Inc

FILED Feb 18 1997 8:00am Secretary of State



i miopai i ido	a or Education	manning / tearres			
	ROAD - SUITE 2000 SPRINGS FL 32714	101 WYMORE ROAD - SUITE ALTAMONTE SPRINGS FL 32			
				3. Date Incorporated or Qualified 07/10/1996	3a. Date of Last Report
	Place of Business	2a. Mailing Address	2800	4. FEI Number	Applied For
	E. GREENTREE LANE	20 1 1 1	200	59-3393112	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat LAK		City & State ALTAMONTE			\$5.00 May Be Added to Fees
24 327		29 32716 30	Country		Yes 🗀 No
	9. Name and Address of Current R	legistered Agent	94 Name	10. Name and Address of New Regis	
	HNEIDERHAN, WAYNE D		81 Name	Kimberly M. Schnell	DER HAW
	WYMORE ROAD - SUITE 2000		82 Street :	Address (P.O. Box Number is Not Acceptable	ANE
ALT	FAMONTE SPRINGS FL 32714		83	04 E. GREENTREE L	11/0 <u>C</u>
			84 City	AKE MARY	FL 85 32746
11. Pursuant	to the provisions of Sections 607.0502 a	nd 607.1508, Florida Statutes,	the above-named	corporation submits this statement for the pur	pose of changing its registered
office or I	registered agent, or both, in the State of	Florida, Such change was auti	norized by the corp la Statutes	poration's board of directors. I hereby accept	the appointment as registered
	Link M Church	(na)	0.2,0.00		
SIGNATURE	Signature typed or protectiname of registered agent a	nd title it applicable (NOTE: R	egistered Agent signature	required when roinstaling)	DATE
12	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICE	
TiTLE	Director	DELETE	1.1 TITLE	PRESIDENT	Change Addition
NAME	WAYNE D. SCHWEIDER H 101 S. Wymare Rd, S	1997 1.14c - 2.000	1.2 NAME	Kimberly M. Schweiderh	11 √
STREET ADDRESS	101 S. Wymare Rd,		13 STREET ADDRESS	304 E GREENTREE LINE	,
CITY-ST-ZIP	ALTAMONTE SAGS FE		14 CITY - ST - ZIP	LAKE MARY PL 32746	Change Addition
THEE		☐ DELETE	21 TITLE 22 NAME		C Citalige C Rounion
NAME			2.3 STREET ADDRESS		
STREET ADDRESS	j				
CIT (-ST-7IP		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		– • –
STEET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITILE		DELETE	4.1 TITLE		Change Addition
NAME	İ		4. 2 NAME		
STEET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
T(T).E		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		$Y/I = A \setminus A$
S1FEET ADDRESS			5.3 STREET ADDRESS		/// \/\\`
CITY-ST-ZIP			5.4 CITY - ST - ZiP		
TITLE		☐ DELETE	6.1 TITLE	600002 09 -02/19/970100	1326 LAddition
NAIME			62 NAME	-02/19/970100	15046
STF.EET ADDRESS			6.3 STREET ADDRESS	***173.75	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 chapted or on an attachment with an address.