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Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000060234 (7)

1. Corporation Name

MARKETABLE TITLE AND ESCROW SERVICES, INC.

Principal Place of Business
412 SOUTHEAST 23RD STREET
FORT LAUDERDALE FL 33316

Mailing Address
412 SOUTHEAST 23RD STREET
FORT LAUDERDALE FL 33316-3410



3. Date Incorporated or Qualified
07/18/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOTTFRIED, PAUL D
412 SOUTHEAST 23RD STREET
FORT LAUDERDALE FL 33316

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 of 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 PSTD
NAME AMSTER, STEVEN R
STREET ADDRESS 412 SOUTH EAST 23 STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33316

1.1 TITLE PTD
1.2 NAME AMSTER, STEVEN R.
1.3 STREET ADDRESS 412 Southeast 23rd St.
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE VSD
2.2 NAME GOTTFRIED, PAUL D.
2.3 STREET ADDRESS 412 Southeast 23rd St.
2.4 CITY-ST-ZIP Fort Lauderdale, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE VD
3.2 NAME GREENE, SEAN J.
3.3 STREET ADDRESS 1313 NE 125th Street
3.4 CITY-ST-ZIP Miami, Florida 33161

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN R. AMSTER

4-16-97

954-467-7840

Date

Daytime Phone #

0276134

CR2E034 (9/96)