

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

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Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90030 046 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000062500
1. Corporation Name
U.S. TITLE & GUARANTY CORPORATION



Principal Place of Business 5901 N.W. 151ST ST. SUITE 120 MIAMI LAKES FL 33014	Mailing Address PO BOX 4550 MIAMI LAKES FL 33014
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DO NOT WRITE IN THIS SPACE

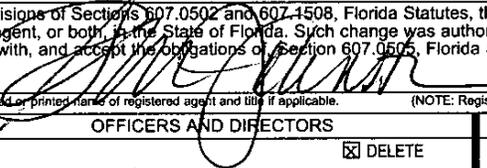
2. Principal Place of Business 21 14505 COMMERCE WAY Suite, Apt. #, etc. 22 #400 City & State 23 MIAMI LAKES, FL Zip Country 24 33016 25	2a. Mailing Address 26 14505 COMMERCE WAY Suite, Apt. #, etc. 27 #400 City & State 28 MIAMI LAKES, FL Zip Country 29 33016 30
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3. Date Incorporated or Qualified 07/25/1996	4. FEI Number 65-0746607	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
SPEIZER, HARRY
5901 N.W. 151ST STREET
SUITE 120
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent
81 Name
JOHNSTON, PATRICE M.
82 Street Address (P.O. Box Number is Not Acceptable)
14505 COMMERCE WAY
83 #400
84 City
MIAMI LAKES FL 85 Zip Code
33016

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  **Patrice M. Johnston** 4/2/99
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

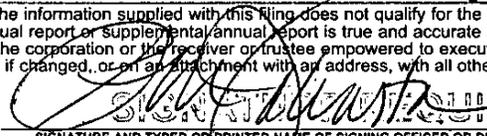
12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SPEIZER, HARRY	
STREET ADDRESS	5901 N.W. 151ST ST.	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	KLEINERMAN, PETER	
STREET ADDRESS	5901 N.W. 151ST ST.	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROSEWATER, JAMES P	
STREET ADDRESS	5901 N.W. 151ST ST.	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WEITZER, HARRY	
STREET ADDRESS	5901 N.W. 151ST ST.	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FELDSTEEN, LEIGH	
STREET ADDRESS	5901 N.W. 151ST ST.	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	AVS	<input type="checkbox"/> DELETE
NAME	JOHNSTON, PATRICE M	
STREET ADDRESS	5901 N.W. 151ST ST.	
CITY-ST-ZIP	MIAMI LAKES FL 33014	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RICE, SHERYL S.	
1.3 STREET ADDRESS	14505 COMMERCE WAY, #400	
1.4 CITY-ST-ZIP	MIAMI LAKES, FL 33016	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** 4/2/99 305 819 4663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)