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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P96000064119 (6)**

1. Corporation Name
DELUXE TITLE AND ESCROW, INC.

Principal Place of Business	Mailing Address
1720 KENNEDY CAUSEWAY. SUITE 109 NORTH BAY VILLAGE FL 33141	1720 KENNEDY CAUSEWAY. SUITE 109 NORTH BAY VILLAGE FL 33141

3. Date Incorporated or Qualified: 07/30/1996
3a. Date of Last Report:

2. Principal Place of Business
21 10800 BISCAYNE BLVD
Suite, Apt. #, etc.
22 645
City & State
23 MIAMI FL
Zip 24 33161 Country 25 US

2a. Mailing Address
26 10800 BISCAYNE BLVD
Suite, Apt. #, etc.
27 645
City & State
28 MIAMI FL
Zip 29 33161 Country 30 US

4. FEI Number: 65-0683526 ☐ 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

PORNPRINYA, TONY
1720 KENNEDY CAUSEWAY, SUITE 109
NORTH BAY VILLAGE FL 33141

10. Name and Address of New Registered Agent

81 Name: PORNPRINYA, TONY
82 Street Address (P.O. Box Number is Not Acceptable): 10800 BISCAYNE BLVD, #645
83
84 City: MIAMI FL 85 Zip Code: 33161

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: P Pornpr DATE: 1/10/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	PORNPRINYA, TONY		1.2 NAME	TONY PORNPRINYA	
STREET ADDRESS	1720 KENNEDY CAUSEWAY, SUITE 109		1.3 STREET ADDRESS	10800 BISCAYNE BLVD, #645	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141		1.4 CITY-ST-ZIP	MIAMI FL 33161	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: P Pornpr 1-10-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0519313