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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # <b>P9600C</b> BILE TITLE SERVICE, INC.	0077519 (2)	100		
Principal Place of Business 608 CRESCENT LANE. UNIT B TAMPA FL 33606		Mailing Address POST OFFICE BOX 2943 TAMPA FL 33601-2943		\$ 40017881 110 40116 OMN BOMS BOMS \$0011 40011 10001 01001 11011 1011 1011	
				3. Date Incorporated or Qualified 09/18/1996	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address	**************************************	4. FEI Number	Applied For
21		26		59-3399832	Not Applicable
Suite, Apt	#, elc	Suite, Apt. #, etc.		6 Certificate of Status Desired	\$8.75 Additional
City & Stat	f:	Crty & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Added to Fees
Zip	Country	Zip	Country	8) This corporation has liability for int	
24	25	29	30		Yes No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Regi	stered Agent
343 COR	RILAWYER CHARTERED ALMERIA AVENUE IAL GABLES FL 33134		82 Street Add 83 84 City	Iress (P.O. Box Number is Not Acceptable	FL 85 Zip Code
11. Pursuant office or r agent I a SIGNATURE	to the provisions of Sections 607.056 registered agent, or both, in the State in familiar with, and accept the oblig		tutes, the above-named cor s authorized by the corpora Florida Statutes.  OTE: Registered Agent signature requ	poration submits this statement for the pur tion's board of directors. I hereby accept	pose of changing its registered the appointment as registered
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PTD	DELETE	1.1 TITLE		Change Addition
NAME	GIBBY, STEPHEN H		1.2 NAME		
STREET ADDRESS	608 CRESCENT LANE, UNIT B	·	1.3 STREET ADDRESS		
CITY-ST 7/P	TAMPA FL 33606		1.4 CITY - ST - ZIP		
TITLE	VSD	DELETE	21 TITLE		Change Addition
MAME	HEATH, CHARLES W JR.		2.2 NAME		
STREET ADDRESS	608 CRESCENT LANE, UNIT B	\$	2.3 STREET ADDRESS	· •	
C(TY - ST - 7IP	TAMPA FL 33606	DECETE	2. 4 CiTY-ST-ZIP		D Observe D Addition
TITLE NAME		☐ DEFELE	3.1 TITLE 3.2 NAME		Change Addition
STREET ADORESS			3.3 STREET ADDRESS		}
CITY-ST-ZIF			3.4. CITY-ST-ZIP		
Tilli		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		}
C11Y - S1 - 7IP	l		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAMÉ			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		Ì
C(1Y+\$1+20F			5.4 CITY - ST - ZIP		
†-TL <del>f</del>		☐ DELETE	61 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS	1		6.3 STREET ADDRESS		

6.4 CITY-S1-ZIP

14. If 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 ourcetor 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:

TURE AND TYPED OH PRINTED HAM O

President Die Etephen

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**FILED** 

Apr 14 1997 8:00am

Secretary of State

(813)254-91

PAROLES

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