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Secretary of State

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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 # P98000014247

1. Corporation Name

ASSURED TITLE SERVICES, INC.

Principal Place of Business

20401 NW 2ND AVE. SUITE 224
MIAMI FL 33169

Mailing Address

20401 NW 2ND AVE. SUITE 224
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	20401 NW 2 Ave	26	20401 NW 2 Ave	02/12/1998	
22	Suite, Apt. #, etc. 220	27	Suite, Apt. #, etc. 220	4. FEI Number	Applied For
23	City & State MIAMI FL	28	City & State MIAMI FL	65-0815684	Not Applicable
24	Zip 33169	29	Zip 33169	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	Country USA	30	Country USA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BREVITT-SCHOOP, C MARIE					
20401 NW 2ND AVE, SUITE 224					
MIAMI FL 33169					
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, 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	DP	1.1 TITLE	
NAME	BREVITT-SCHOOP, C MARIE	1.2 NAME	
STREET ADDRESS	20401 NW 2ND AVE, SUITE 224	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	SCHOOP, JOHN J	2.2 NAME	
STREET ADDRESS	20401 NW 2N AVE., STE. 224	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	BERNARD, MARLENE A	3.2 NAME	
STREET ADDRESS	20401 NW 2N AVE., STE. 224	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	
NAME	BERNARD, BASIL M	4.2 NAME	
STREET ADDRESS	20401 NW 2N AVE., STE. 224	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. MARIE BREVITT-SCHOOP

1/30/99

(25) 770-2201

Daytime Phone #

CR2E034 (1/198)