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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 # P98000051391

1. Corporation Name
TITLE INSURANCE POLICY SERVICES, INC.

Principal Place of Business 798 BELTED KINGFISHER DRIVE NORTH PALM HARBOR FL 34683	Mailing Address 798 BELTED KINGFISHER DRIVE NORTH PALM HARBOR FL 34683
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/08/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3516690	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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				10. Name and Address of New Registered Agent	
KATZMAN, LORI 798 BELTED KINGFISHER DRIVE NORTH PALM HARBOR FL 34683				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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: Lori Katzman DATE: 4-27-99
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	PVST <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PVST <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZMAN, LORI	1.2 NAME	Kendra McGraw
STREET ADDRESS	798 BELTED KINGFISHER DRIVE NORTH	1.3 STREET ADDRESS	6436 Pennsylvania Ave Apt 8
CITY-ST-ZIP	PALM HARBOR FL 34683	1.4 CITY-ST-ZIP	New Port Richey FL 34653
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	KATZMAN, LORI	2.2 NAME	
STREET ADDRESS	798 BELTED KINGFISHER DRIVE NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	KATZMAN, STEVE	3.2 NAME	
STREET ADDRESS	798 BELTED KINGFISHER DRIVE NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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: KATHERINE HARRIS DATE: 4/28/99 DAYTIME PHONE #: 289-5119
Signature, typed or printed name of signing officer or director

CR2E034 (11/98)