

ANNUAL REPORT
1995

Division of Corporations
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 MAY -1 AM 11:29

DOCUMENT # **S44580** (6)

1. Corporation Name
FIRST SOUTHERN TITLE COMPANY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2000 GLADES ROAD
SUITE 110
BOCA RATON FL 33431**

Mailing Address
**2000 GLADES ROAD
SUITE 110
BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/03/1991** 3a. Date of Last Report **04/29/1994**

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number **65-0266441** Applied For
Not Applicable

Suite, Apt. #, etc.
22

27

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

City & State
23

28

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be
Added to Fees**

Zip Country
24

25

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHOLL, HARVEY J.
2000 GLADES ROAD
SUITE 110
BOCA RATON FL 33431**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **SCHOLL, HARVEY J**
STREET ADDRESS **2000 GLADES RD #110**
CITY - ST - ZIP **BOCA RATON FL**

1 1 TITLE Change Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP

TITLE **V**
NAME **CHILDERS, BEVERLEY**
STREET ADDRESS **2000 GLADES RD #110**
CITY - ST - ZIP **BOCA RATON FL**

2 1 TITLE Change Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

TITLE **ST**
NAME **SCHOLL, PAULA**
STREET ADDRESS **2000 GLADES RD #110**
CITY - ST - ZIP **BOCA RATON FL**

3 1 TITLE Change Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4 1 TITLE Change Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5 1 TITLE Change Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6 1 TITLE Change Addition
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Harvey Scholl* **HARVEY SCHOLL, Pres.** 4/25/95 407.750.4150
DATE: _____