

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 10:34

DOCUMENT # S97056 (3)

1. Corporation Name
FARGO TITLE SERVICES, INC.

Principal Place of Business
**7301 A WEST PALMETTO PARK ROAD
SUITE 102A
BOCA RATON FL 33433
US**

Mailing Address
**608 S E 6TH STREET
SUITE 7
FT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 **7301 A W. Palmetto Pk Rd**

2a. Mailing Address
26 **608 S E 6TH STREET SUITE 7 FT LAUDERDALE FL 33301**

Suite, Apt. #, etc.
22 **102A**

27 **Suite 102A**

City & State
23 **Boca Raton FL**

28 **Boca Raton FL**

Zip
24 **33433**

Country
25 **USA**

29 **33433**

30 **USA**

3. Date Incorporated or Qualified
11/22/1991

3a. Date of Last Report
01/25/1994

4. FEI Number
65-0304274

Applied For
 Not Applicable

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

6. Election Campaign Financing
Trust Fund Contributor
 \$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

**BRADY, ALAN E
608 S E 6TH STREET
SUITE 7
FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name **Barbara Holsapfel**

82 Street Address (P.O. Box Number is Not Acceptable)
7301-A West Palmetto Park Rd.

83 **Suite 102 A**

84 City **Boca Raton FL**

85 Zip Code **33433**

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 *Barbara Holsapfel* **6/6/95** (DATE)

12. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	BRADY, ALAN E
STREET ADDRESS	608 S E 6TH STREET-7
CITY ST ZIP	FT LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONAL OFFICERS, DIRECTORS, SECRETARIES, TREASURERS

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Barbara Holsapfel	
13 STREET ADDRESS	7301-A W. Palmetto Park Road, #102A	
14 CITY ST ZIP	Boca Raton FL 33433	
15 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME		
17 STREET ADDRESS		
18 CITY ST ZIP		
19 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME		
21 STREET ADDRESS		
22 CITY ST ZIP		
23 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME		
25 STREET ADDRESS		
26 CITY ST ZIP		
27 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME		
29 STREET ADDRESS		
30 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)(b), 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (changed) or on an attachment with an address.

SIGNATURE: *Barbara Holsapfel* **6/6/95** (DATE) **(407) 395-4585** (TELEPHONE #)

CR2E034 (3/95)