* FILE NOW. FILING FEE AFTER MAY 1 IS $225.00 *

V23586

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994

DIVISION OF CORPORATIONS

1. Corporation Name	DOCUMENT #
VANGUARD TITLE CORP.	V23586

900001423069
-03/07/95--01044--020
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

Mailing Address / Principal Place of Business
Ingrid Suhandron
c/o I & S Consultants,Inc , 22412 Ensenada Way,
Boca Raton, 33433 Florida 33

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. Date Incorporated or Qualified: March 25, 1993
3a. Date of Last Report: 1993

2. Mailing Address (21)
2a. Principal Place of Business (26)
4. FEI Number: 65-0375264 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired: $8.75 Additional Fee Required ☒
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
City & State (23)
City & State (28)
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KENNETH SUHANDRON 600 NW 44 Street, Suite 1A Fort Lauderdale, FL 33309	81 Name: INGRID SUHANDRON,c/o I&S Consultants,Inc 82 Street Address (P.O. Box Number is Not Acceptable): 22412 Ensenada Way, 83 84 City: Boca Raton,Florida FL 85 Zip Code: 33433

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: [signature] (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE: 6/22/94

12. OFFICERS AND DIRECTORS	13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: PRESIDENT 12 NAME: RUDOLF GRIMAS 13 STREET ADDRESS: c/O I&S Consultants,Inc,22412 Ensenada Way 14 CITY-ST-ZIP: Boca Raton, Florida,33433	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP: REINSTATEMENT 94-95-CAM CAS
21 TITLE: SECRETARY 22 NAME: RUDOLF GRIMAS 23 STREET ADDRESS: c/o I&S Consultants,Inc,22412 Ensenada Way 24 CITY-ST-ZIP: Boca Raton,Florida, 33433	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
31 TITLE: TREASURER 32 NAME: RUDOLF GRIMAS,c/o I&S Consultants,Inc 33 STREET ADDRESS: 22412 Ensenada Way,Boca Raton,Fla.33433 34 CITY-ST-ZIP	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP: 900001423069 -03/07/95--01044--021 ****358.75 ****358.75
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] 10/12/94
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #