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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V23586** **(3)**

1. Corporation Name
VANGUARD TITLE CORPORATION

Principal Place of Business
% INGRID SUHANDRON/I & S CONSULTANTS. INC.
22412 ENSENADA WAY.
BOCA RATON FL 33433

Mailing Address
% INGRID SUHANDRON/I & S CONSULTANTS. INC.
22412 ENSENADA WAY.
BOCA RATON FL 33433

3. Date Incorporated or Qualified: 03/25/1992
3a. Date of Last Report: 03/02/1995
4. FEI Number: 65-0375264 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [XX] No

2. Principal Place of Business
21 2880 W. Oakland Park Blvd.
Suite, Apt. #, etc.
22 Suite 118
City & State
23 Ft. Lauderdale, FL 33311
Zip 24 Country 25

2a. Mailing Address
26 c/o I&S Management, Inc
2880 W. Oakland Park Blvd.
Suite, Apt. #, etc.
27 Suite 118
City & State
28 Ft. Lauderdale, FL 33311
Zip 29 Country 30

9. Name and Address of Current Registered Agent
SUHANDRON, INGRID
% I & S CONSULTANTS, INC.
22412 ENSENADA WAY
BOCA RATON FL 33433

10. Name and Address of New Registered Agent
81 Name: Susanna Schmocker
c/o I&S Management, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
2880 W. Oakland Park Blvd.
83 Suite 118
84 City: Ft. Lauderdale FL 85 Zip Code 33311

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: SUSANNA SCHMOCKER, PRESIDENT, S.Schmocker 4/4/96
Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent's signature is required when filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	[ ] DELETE
NAME	GRIMAS, RUDOLF	
STREET ADDRESS	22412 ENSENADA WAY	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PST	[X] Change [ ] Addition
12 NAME	Grimas, Rudolf	
13 STREET ADDRESS	2880 W. Oakland Park Blvd. Suite 118	
14 CITY-ST-ZIP	Ft. Lauderdale, FL 33311	
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
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 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 if changed, or on an attachment with an address.

SIGNATURE: 3-31-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)