

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 21 1997 8:00am
Secretary of State

DOCUMENT # **V23586**

(3)

1. Corporation Name

VANGUARD TITLE CORPORATION

Principal Place of Business

**2880 OAKLAND PARK BLVD.
SUITE 118
FT. LAUDERDALE FL 33311
US**

Mailing Address

**C/O I&S MGMT INC. 2880 W OAKLAND PARK BLVD
SUITE 118
FT LAUDERDALE FL 33311
US**

3. Date Incorporated or Qualified

03/25/1992

3a. Date of Last Report

04/10/1996

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

☒

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**SUSANNA SCHMOCKER C/O I&S MANAGEMENT INC.
2880 W. OAKLAND PARK BLVD.
SUITE 118
FT. LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

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

SUSANNA SCHMOCKER, PRESIDENT

2/14/97

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY - ST - ZIP
PST
GRIMAS, RUDOLF
2880 W. OAKLAND PARK BLVD. SUITE 118
FT. LAUDERDALE FL**

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

☐ Change ☐ Addition

**11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP**

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 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.

SIGNATURE:

SIGNATURE REQUIRED

2/14/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)