

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

05 MAY 11 11:10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mathison Secretary of State DIVISION OF CORPORATE AFFAIRS
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DOCUMENT # 557215 (1)
 1. Corporation Name
ABSTRACT ASSOCIATES TITLE INSURANCE CORP.

Principal Place of Business 17649 131ST TERR JUPITER FL 33478 US	Mailing Address 17649 131ST TERR JUPITER FL 33478 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporation or Qualification	3a. Date of Last Report
21	2a	01/12/1978	04/12/1994
22. State, Apt. #, etc.	2b. State, Apt. #, etc.	4. FEI Number	Applied For / Not Applicable
22	27	59-1793851	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23. City & State	28. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	<input type="checkbox"/> \$8.75 Additional Fee Required
24. City	25. State	29. City	30. State
24	25	29	30

9. Name and Address of Current Registered Agent

**DAVIES, J. WADE
17649 131ST TERRACE
JUPITER FL 33458**

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Qualification: 01/12/1978

3a. Date of Last Report: 04/12/1994

4. FEI Number: 59-1793851

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

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

6. This corporation has liability for intangible tax under 1994 Florida Statutes: Yes No

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0507 and 607.1506, 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 607.0509, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

12.1 NAME	PD DAVIES, J. WADE
12.2 STREET ADDRESS	17649 131ST TERR
12.3 CITY, ST, ZIP	JUPITER FL
12.4 NAME	STD DAVIES, GAYLA J.
12.5 STREET ADDRESS	17649 131ST TERR
12.6 CITY, ST, ZIP	JUPITER
12.7 NAME	
12.8 STREET ADDRESS	
12.9 CITY, ST, ZIP	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 STREET ADDRESS	
13.3 CITY, ST, ZIP	
13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 STREET ADDRESS	
13.6 CITY, ST, ZIP	
13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 STREET ADDRESS	
13.9 CITY, ST, ZIP	
13.10 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 STREET ADDRESS	
13.15 CITY, ST, ZIP	

14. I hereby certify that the information required with this filing is accurately furnished and that I am duly qualified for the assumption stated in Section 199.05(1)(b), Florida Statutes. I further certify that the addresses indicated on the annual report or supplemental annual report are 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 person or trustee empowered to execute this report as required by Chapter 127, Florida Statutes, and that my name appears in Block 1, or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J. Wade Davies*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/95

407/997-7115
 EXT. 121