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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **F63858**

(7)

1. Corporation Name  
**RESORT TITLE AGENCY, INC.**



Principal Place of Business

Mailing Address

**12995 CLEVELAND AVE  
STE 270  
FT. MYERS FL 33907  
US**

**12995 CLEVELAND AVE  
STE 270  
FT. MYERS FL 33907  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/20/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2150721	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country		30. Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KEIM, RANDY  
12995 CLEVELAND AVE  
#164  
FORT MYERS FL 33907**

81 Name	<b>CORPORATION SERVICE COMPANY</b>	
82 Street Address (P.O. Box Number is Not Acceptable)		
83	<b>1201 HAYS STREET</b>	
84 City	<b>TALLAHASSEE</b>	85 Zip Code <b>FL 32301</b>

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 Change of Agent to above was filed on 11/26/97 DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COMITZ, RUTH E.</b>	1.2 NAME	
STREET ADDRESS	<b>12995 CLEVELAND AVE #270</b>	1.3 STREET ADDRESS	<b>800002445988--7</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>	1.4 CITY-ST-ZIP	<b>-03/03/98--01085--012</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KEIM, RANDY</b>	2.2 NAME	<b>FERGUSON, DANNY L</b>
STREET ADDRESS	<b>12995 CLEVELAND 164</b>	2.3 STREET ADDRESS	<b>5295 TOWN CENTER RD. STE 400</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>	2.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33486</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KEIM, JEFFERY</b>	3.2 NAME	<b>GRAY, NICOLAS L</b>
STREET ADDRESS	<b>12995 CLEVELAND AVE #164</b>	3.3 STREET ADDRESS	<b>5295 TOWN CENTER RD. STE 400</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>	3.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33486</b>
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SWILLEY, PAMELA S.</b>	4.2 NAME	<b>RONDEAU, PATRICK E.</b>
STREET ADDRESS	<b>12995 CLEVELAND AVE. #270</b>	4.3 STREET ADDRESS	<b>5295 TOWN CENTER RD. STE 400</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>	4.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33486</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: Patrick E. Rondeau **PATRICK E. RONDEAU** 2/11/98 (561) 361-2705

CR2E034 (10/97)