

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L66699 (4)**

1. Corporation Name

ABSTRACTERS' TITLE COMPANY OF CENTRAL FLORIDA, INC.



Principal Place of Business

Mailing Address

~~611 WYMORE ROAD~~
~~SUITE 202~~
~~WINTER PARK FL 32789~~
~~US~~

~~611 WYMORE ROAD~~
~~SUITE 202~~
~~WINTER PARK FL 34761~~
~~US~~

2. Principal Place of Business

2a. Mailing Address

21 **2265 LEE RD.**

26 **2265 LEE RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **125**

27 **125**

City & State

City & State

23 **WINTER PARK FL.**

28 **WINTER PARK FL.**

Zip

Country

Zip

Country

24 **32789**

25 **US**

29 **32789**

30 **US**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/18/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3010423

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2265 LEE RD. SPC 125

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.05(2) 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.05(2), Florida Statutes.

SIGNATURE

Signature of Officer or Director (Print Name, Title, and Date)

Signature of Registered Agent (Print Name, Title, and Date)

1/25/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DELETE
NAME: **PST CHENELE, AL A.**
STREET ADDRESS: ~~611 WYMORE ROAD, SUITE 202~~
CITY-ST-ZIP: **WINTER PARK FL**

11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS: **2265 LEE RD. SPC 125**
14 CITY-ST-ZIP:

TITLE: DELETE
NAME: **D CHENELE, AL A.**
STREET ADDRESS: ~~611 WYMORE ROAD, SUITE 202~~
CITY-ST-ZIP: **WINTER PARK FL**

15 TITLE: Change Addition
16 NAME:
17 STREET ADDRESS: **2265 LEE RD SPC 125**
18 CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

19 TITLE: Change Addition
20 NAME:
21 STREET ADDRESS:
22 CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

23 TITLE: Change Addition
24 NAME:
25 STREET ADDRESS: **200001792122**
26 CITY-ST-ZIP: **-04/24/96-01018-030**

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

27 TITLE: Change Addition
28 NAME:
29 STREET ADDRESS:
30 CITY-ST-ZIP: *****600.00**

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 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 trustee 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96 407-628-2804

Date

Telephone #

CR2E034 (12/95)

4-23-96
JR