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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L80753

(1)

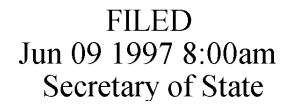
ADVANCE HOMESTEAD TITLE, INC.

Principal Place of Business

2233 S.E. FT. KING STREET

Mailing Address

2233 S.E. FT. KING STREET





OCALA FL 344	471	OGALA FL 34471-2522					
					3. Date Incorporated or Qualified 06/13/1990	3a. Date of Last 04/24/1996	
-	lace of Business	2a. Mailing Address		4. FEI Number		Applied For	
Suite, Apt.	21 545	26			59-3013616	!	Not Applicable
22		Suite, Apt. #, etc.		·	5. Certificate of Status Desired	7	Additional Required
City & Stat 23		City & State			6. Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees
Zip 24	Country 25	7ip 29	Count 30	гу	8. This corporation has liability for in Florida Statutes	ntangible tax under Yes \[\] No	s. 199.032,
	g, Name and Address of Currer	nt Registered Agent			10. Name and Address of New Reg	istered Agent	
223	INSON, THOMAS F. JR 3 SE FT KING STREET, SUITE A ALA FL 34471	1	8	2 Street Add	dress (P.O. Box Number is Not Acceptab	(c)	
			8			100 7	Code
La .				1			p Code
Office of t	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig-	of Florida. Such change was	authorized I	ov the corpora	rporation submits this statement for the pi ation's board of directors. I hereby accep	rpose of changing the appointment a	its registered is registered
SIGNATURE	Signature, typed or printed name of registered age	est and title if applicable (NO)	11 : Begistered A	gent signature requ	pred when reinstaling)	DATE	·
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	DRS IN 12
TITLE	PD	DELETE	1.1 TOLE			☐ Change	Addition
NAME	STENSON, THOMAS F. JR		1.2 NAMI	:			
STREET ADDRESS	2233 SE FT. KING ST., SUITE	A	1.3 STHE	ET ADDRESS			
CITY-ST-ZIP	OCALA FL		1.4 CITY				
TITLE	•	☐ DELETE	2 1 117LE			Change	Addition
NAME	STENSON, KRISTINA 2233 SE FT. KING ST., SUITE	٨	22 NAME				
STREET ADDRESS	OCALA FL	^		T ADDRESS			
CITY-ST-ZIP TITLE	OUALA FE	DELETE	2.4 CHY	- \$1 · ZIP			
NAME		₩ DETEIE	3.1 TITLE			Change	Addition
STREET ADDRESS			3.2 NAME				
CITY-ST-ZIP				:1 ADDRESS			
TITLE		□ DELETE	3.4. CITY 4.1 TITLE	- S1 - ZIP		☐ Change	A duttion
NAME		La Obstit	4.1 HTC2			L_1 Change	Addition
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP							
TITLE		☐ DELETE	4.4 CHY- 5.1 TITLE	01.5lF		Change	Addition
NAME			5.2 NAME			<u> — Олапус</u>	CT ROUGED
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			54 CTY-				
TITLE		DELETE	6.1 TITLE	01-711		Change	Addition
NAME		**************************************	6.2 NAME			L. J Grange	Addition
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			6.4 CITY -				
			V.1 (1) 1 ·	-, tu			

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 eath, 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.