FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K92895** **(7)**

1. Corporation Name:
REALTY TITLE & TRUST COMPANY

Principal Place of Business:
C/O JAMES L. KARL & ASSOC.
975 NORTH COLLIER BLVD.
MARCO ISLAND FL 33937-9773

Mailing Address:
C/O JAMES L. KARL & ASSOC.
975 NORTH COLLIER BLVD.
MARCO ISLAND FL 33937-9773

3. Date Incorporated or Qualified: **06/05/1989**
3a. Date of Last Report: **02/06/1995**

4. FEI Number: **65-0133497** ☐ 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 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

James L. Karl II
C/O JAMES L. KARL & ASSOCIATE
975 NORTH COLLIER BLVD.
MARCO ISLAND FL 33937

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 Section(s) 607.0502 and 607.1908, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or its 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(s) 607.0505, Florida Statutes.

SIGN: *Robin G. Rozankowski* DATE: 3/27/96

12. OFFICERS AND DIRECTORS

TITLE: P
NAME: Robin G. Rozankowski
STREET ADDRESS: 975 N COLLIER BLVD
CITY-ST-ZIP: MARCO ISLAND FL
☐ DELETE

TITLE: VP
NAME: ~~ROMERLEAU,ESTHER~~ George Hofrichter
STREET ADDRESS: 975 N COLLIER BLVD
CITY-ST-ZIP: MARCO ISLAND FL
☐ DELETE

TITLE: S
NAME: ~~HOFRICHTER, GEORGE~~ Esther Pomerleau
STREET ADDRESS: 975 N COLLIER BLVD
CITY-ST-ZIP: MARCO ISLAND FL
☐ DELETE

TITLE: T
NAME: ~~ROZANKOWSKI,ROBIN G~~ Esther Pomerleau
STREET ADDRESS: 975 N COLLIER BLVD
CITY-ST-ZIP: MARCO ISLAND FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP ☐ Change ☐ Addition

2 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP ☐ Change ☐ Addition

3 TITLE / 3 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP ☐ Change ☐ Addition

4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP ☐ Change ☐ Addition

5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP ☐ Change ☐ Addition

6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP ☐ Change ☐ Addition

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)(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 business organized to reinstate 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 attached sheet, with an address.

SIGNATURE: *Robin G. Rozankowski* 3/27/96 941-642-9988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)