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Mar 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H92627 (9)

1. Corporation Name  
CHELSEA TITLE COMPANY

Principal Place of Business  
493 E SEMORAN BLVD.  
CASSELBERRY FL 32707

Mailing Address  
493 E SEMORAN BLVD.  
CASSELBERRY FL 32707-4968



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

DANIELS, GEORGE  
493 E SEMORAN BLVD.  
CASSELBERRY FL 32707

3. Date Incorporated or Qualified

01/02/1986

3a. Date of Last Report

02/29/1996

4. FEI Number

59-2872587

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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)

83

84 City

FL

85 Zip Code

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

Signature type: Type in name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reconstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | VSD                   | <input type="checkbox"/> DELETE |
| NAME           | DANIELS, GEORGE       |                                 |
| STREET ADDRESS | 493 E SEMORAN BLVD.   |                                 |
| CITY-STATE-ZIP | CASSELBERRY FL        |                                 |
| TITLE          | PD                    | <input type="checkbox"/> DELETE |
| NAME           | LASSITER, ROY         |                                 |
| STREET ADDRESS | 493 E SEMORAN BLVD.   |                                 |
| CITY-STATE-ZIP | CASSELBERRY FL        |                                 |
| TITLE          | V                     | <input type="checkbox"/> DELETE |
| NAME           | ALLEN, BARBARA LEE MS |                                 |
| STREET ADDRESS | 493 E. SEMORAN BLVD.  |                                 |
| CITY-STATE-ZIP | CASSELBERRY FL        |                                 |
| TITLE          | V                     | <input type="checkbox"/> DELETE |
| NAME           | MAZER, BARRY J.       |                                 |
| STREET ADDRESS | 493 E. SEMORAN BLVD.  |                                 |
| CITY-STATE-ZIP | CASSELBERRY FL        |                                 |
| TITLE          | VP                    | <input type="checkbox"/> DELETE |
| NAME           | JETT, RICHARD M.      |                                 |
| STREET ADDRESS | 493 E. SEMORAN BLVD   |                                 |
| CITY-STATE-ZIP | CASSELBERRY FL        |                                 |
| TITLE          | VTD                   | <input type="checkbox"/> DELETE |
| NAME           | RUMSEY, STEPHEN T.    |                                 |
| STREET ADDRESS | 493 E. SEMORAN BLVD.  |                                 |
| CITY-STATE-ZIP | CASSELBERRY FL        |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-STATE-ZIP |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-STATE-ZIP |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-STATE-ZIP |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-STATE-ZIP |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-STATE-ZIP |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY-STATE-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 in an attachment with an address

SIGNATURE:

Stephen T. Rumsey

March 18, 1997 407-260-8050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)

## CHELSEA TITLE COMPANY

| TITLE      | NAMES OF OFFICERS & DIRECTORS | STREET ADDRESS OF EACH OFFICER AND DIRECTOR | CITY, STATE, ZIP        |
|------------|-------------------------------|---------------------------------------------|-------------------------|
| C/D        | HAUGHTON, WALTER ROGER        | 601 MONTGOMERY STREET                       | SAN FRANCISCO, CA 94111 |
| M          | LORENZEN, JOHN MARTIN         | 601 MONTGOMERY STREET                       | SAN FRANCISCO, CA 94111 |
| M          | SHUSTER, BRADLEY MIZE         | 601 MONTGOMERY STREET                       | SAN FRANCISCO, CA 94111 |
| V          | SUSSMAN, WILLIAM E.           | 493 E. SEMORAN BLVD.                        | CASSELBERRY, FL 32707   |
| CONTROLLER | KINNEY, DEBORAH A.            | 493 E. SEMORAN BLVD.                        | CASSELBERRY, FL 32707   |