

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34145-2773
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/05/1989	3a. Date of Last Report 04/03/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0133497		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HOFRICHTER, GEORGE C/O JAMES L. KARL & ASSOCIATE 975 NORTH COLLIER BLVD. MARCO ISLAND FL 33937		81 Name James L. Karl 82 Street Address (P.O. Box Number is Not Acceptable) 975 N. Collier Blvd 83 84 City Marco Is. FL 85 Zip Code 34145	

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:  DATE: 3-31-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PVTS
NAME	ROZANKOWSKI, ROBIN G	1.2 NAME	Esther Pomerleau
STREET ADDRESS	975 N COLLIER BLVD	1.3 STREET ADDRESS	975 North Collier Boulevard
CITY-ST-ZIP	MARCO ISLAND FL	1.4 CITY-ST-ZIP	Marco Island, FL 34145
TITLE	VP	2.1 TITLE	
NAME	HOFRICHTER, GEORGE	2.2 NAME	
STREET ADDRESS	975 N COLLIER BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	POMERLEAU, ESTHER	3.2 NAME	
STREET ADDRESS	975 N COLLIER BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	POMERLEAU, ESTHER	4.2 NAME	
STREET ADDRESS	975 N COLLIER BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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:  DATE: 3-31-97

CR2E034 (9/96)