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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L66699

(4)

ABSTRACTERS' TITLE COMPANY OF CENTRAL FLORIDA, I

**FILED** 

May 20 1997 8:00am

Secretary of State

110.						
Principal Plac	e of Business	Mailing Address			T PROFITATION STATEMENT STATEMENT AND PARTY STATEMENT OF THE STATEMENT AND PROFITATION AND PRO	81811
2265 LEE RD. SUITE 125 WINTER PARK	FL <b>32789</b>	2265 LEE RD. Suite 125 Winter Park FL 32789-	1858			
US		US 	··		<ol> <li>Date Incorporated or Qualified</li> <li>04/18/1990</li> </ol>	3a. Date of Last Report 04/23/1996
· ·	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
Sulte, Apt.	# oto	Suite, Apt. #, etc.			59-3010423	Not Applicable
22		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip ∙	Country	Z <sub>i</sub> p	Count	ry	8. This corporation has liability for i	ntangible tax under s. 199.032,
24	25 29 30		30		Florida Statutes	
. 9. Name and Address of Current Registered Agent  State Control of Current Registered Agent  81 Name					10. Name and Address of New Re	gistered Agent
	ENELER, AL A.		*	1 Name		
STE	5 LEÉ RD. : 12 <b>5</b>		8:	2 Street Ad	dress (P.O. Box Number is Not Acceptab	le)
WIN	ITER PARK FL 32789		8:			
44 0			8	1 7		FL 85 Zip Code
	to t <b>he</b> provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the oblig				orporation submits this statement for the plation's board of directors. I hereby accept	urpose of changing its registered it the appointment as registered
SIGNATURE						
12.	Signature, typed or printed name of registered ag	ent and title if applicable (NOT ID DIRECTORS		gent signature rec	quired when reinstating)	DATE
TITLE	PST OFFICERS AIN	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	
NAME	OHENELER, AL A.	L Detert	1.2 NAME			☐ Change ☐ Addition
STREET ADDRESS	2265 LEE RD. STE 125			T ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-			į
TITLE	D	DELETE	2.1 TITLE	31-211		Change Addition
NAME	CHENELER, AL A.		2.2 NAME			
STREET ADDRESS	2265 LEE RD. STE 125		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		2. 4 CITY	- ST- ZIP		
TITLE		DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME		. *	
STREET ADDRESS			3.3 STREE	T ADORESS		
CITY-ST-ZIP			3.4. CITY	ST-ZIP		
TITLE		□ DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAMI			
STREET ADDRESS			43 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 City-	ST - ZIP	a	\
TITLE		DELETE	51 TITLE		N. 1. 11	↑
NAME			5.2 NAME		11/m 30	
STREET ADDRESS		•		1 ADDRESS	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
CITY-ST-ZIP TITLE		☐ DELE1E	5.4 CITY -	ST - ZIP		06
NAME		U DETEIF	6 1 TITLE			Change Addition
STREET ADDRESS			6.2 NAME		40000219 -06/03/970100	8944
STREET ADAMESS			6.3 STREE	1 ADDRESS	-06/03/970100	16008

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)th; Horida 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

-----

2/12/50

. . . . . .