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PROFIT CORPORATION ANNUAL REPORT





1997

DOCUMENT # 006211

(7)

SECURITY ABSTRACT AND INSURANCE COMPANY

Principal Place of Business
1555 PALM BCH LAKES BLVD.. #100
WEST PALM BEACH FL 33401

Mailing Address

1555 PALM BCH LAKES BLVD. #100 WEST PALM BEACH FL 33401-2344

FILED Mar 17 1997 8:00am Secretary of State



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				 Date Incorporated or Qualific 06/01/1913 	ed 3a. Date of Last Report 02/19/1996
2. Principal f	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
11 c/o Si	Stewart Title Guaranty C	lo. 26 Stewart Title	Quaranty Company	59-0440030	Not Applicable
Suite, Apt. #, etc Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8,75 Additional
22 3401 West Cypress St., Ste. 202 27 3401 West Cyr		ress Street	6. Celtificate of Status Desired	Fee Required	
City & Stat		City & State		6. Election Campaign Financing	g \$5.00 May Be
23 Tampa	a, Florida	28 Tampa, Flordic	1e	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability	for intangible tax under s. 199.032,
3360	P.		30 Hillsborough	Florida Statutes	Yes No
	g, Name and Address of Cur	rrent Registered Agent		10. Name and Address of New	Registered Agent
INS	SURANCE COMMISSIONER		81 Name H	AROLD HICKMA	\sim
THO	IE-CAPITOL - >		82 Street Add	dress (P.O. Box Number is Not Accep	otable)
TAL	LLAHASSEE FL 32399		340	I WEST CYPRESS	<i>St.</i>
	_		63		
			84 City To	AMPA	FL 85 Zip Code 7
11 Durce out	it to the provisions of actions 607.	0502 and 607 1508 Florida Sta	tutes the above-named co.	progration submits this statement for the	he purpose of changing its registered
office or	registered agent as both, in the Si	tate of Florida, Such change wa	is authorized by the corpora	rporation submits this statement for thation's board of directors. I hereby ac	ccept the appointment as registered
agent La	ami familiar with and accept the of	bligations of Section 607.0509.	Plorida Statutes.	4.	2/11/22
SIGNATURE)			arold 11100	man	3/11/9/
			IOTE: Registered Agent signature requ	·	PATE PURPOTORS IN 40
12.	1.1	AND DIRECTORS	13.	/D ADDITIONS/CHANGES TO OF	FFICERS AND DIRECTORS IN 12 Change A Addition
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NAME	TOWNSHIDE METHOD		1.2 NAME		~ Dl3
STREET ADDRESS		KKXXXXXX	L La Since Muuness	555 Palm Beach Lakes	
City - St - ZiP	WEST PALM BEACH, EL 33	MXXXXXXX	1.4 CITY-ST-ZIP	est Palm Beach, FL	33401
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NAME	XEADER THOMAS	••	2.2 NAME		3 •
STREET ADDRESS	AND THE POST OF TH	Dyyyyy	2.3 STREET ADDRESS		•
CITY-S1-ZP	MEGI PAIAN BEACH FLAS	M9kxxxxx	2.4 City-ST-ZIP	i	4
THU	CD	DELETE	0.4.747.7	PD	Change Addition
NAME	HICKMAN, HAROLD E.	_	1 P	1.)	
DEAL ALC			3.2 NAME	•	
PROPER LOLDENA	A CALLUEAT OUDDEAD		3.2 NAME		
	3401 WEST CYPRESS		3.3 STREET ADDRESS		
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a receipt certify that the information supplied with this tiling does not qualify for the exemption stated in Section 1.19.07(d)(i), Florida Statutes. I further certify that the information indicated on this annual report of 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 by 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 upon an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/97 813-87606/9