## 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 # 556762

(3)

**BOSS TITLE COMPANY** 

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Principal Place of Business		Mailing Address .			-) - E 1802801 04501 03110 051161 30000 05116 1101	OFOH DADA I	ARII OIRII OIRI	# <b>F</b> /011 1001	
1018 E. ROBINSON ORLANDO FL 32801		1018 E. ROBINSON ORLANDO FL 32801-2024							
	_					3. Date Incorporated or Qualified 12/30/1977		ate of Last F 17/1996	Report
2. Principal Place of Business 21 605 E. Robinson St. 28. Mailing Address 21 S MM				3		4. FEI Number		<del></del>	pplied For
21 605 E. ROBINSON ST 26 SAM Suite-Apt. #, etc. Suite, Apt. #, etc.			<u>e</u>			59-1791808		**************************************	lot Applicable
22 Suite 430 27						6. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State City & State  City & State						6. Election Campaign Financing Trust Fund Contribution			May Be
Zip	Country	Zip Country			Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,				
328	301 25 OPANGE	29	30					No	a. 195,002,
	9. Name and Address of Current F	legistered Agent				10. Name and Address of New Reg	jistered /	Agent	
ROS	S, DONALD E		1	81 Nam	е				
8661 CHICKASAW FARMS LANE ORLANDO FL 32825				B2 Stree	t Addre	ess (P.O. Box Number is Not Acceptable)			
• • • • • • • • • • • • • • • • • • • •			ſ	83				W	
			}	B4 City				85 Zip	Code
							FL		
office or r	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was	authorized	by the co	orporati	oration submits this statement for the pon's board of directors. I hereby accep	urpose of the app	changing i	its registered 3 registered
SIGNATURE	<u> </u>			Andrew Company			DATE		
12.	Signature, typed or printed name of registered agent a OFFICERS AND 1		13.	Ageni sigival	ure require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
THILE	PD	☐ DELETE	1.1 TIT	.E	T			Change	
NAME	ROSS, DONALD E		1.2 NA	<b>AE</b>					
STREET ADORESS	8661 CHICKASAW FARMS LN		1.3 STF	EET ADDRES	s				
CITY-ST-ZIF	ORLANDO FL		1.4 CIT	Y - ST - ZIP					
TITLE	SD	☐ DELETE	2.1 TIT	Æ				Change	Addition
NAME	ROSS, SANDRA N		2.2 NA	₩E	-				Í
STHEET ADDRESS	8661 CHICKASAW FARMS LN		2.3 STF	EET ADDRES	S	ę			
CHTY - S1 - 7iP	ORLANDO FL	E DELEVE		Y-ST-ZIP	-			Change	Addition
TITLE !		☐ DELETE	3 1 TiT			<i>.</i> →	·*· ~	Change	L. Addition
NAME			3.2 NA			•			
STREET ADDRESS				EET ADDRES	s				
CHY-S1-74P		DELETE	4.1 TET	Y-ST-ZIP F				Change	Addition
NAME		<del></del>	4. 2 NA						
STREET ADDRESS				EET ADDRES	s				
CHY-ST-ZIP	•			Y-ST-ZIP					
TITLE	k	☐ DELETE	5.1 TIT				······································	Change	Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 STI	REET ADDRES	s				
CITY - ST - ZIF				Y-ST-ZIP					
HILE		DELETE	6.1 TIT					☐ Change	Addition
NAME			6.2 NA	ME					
STREET ACHORESS			6.3 ST	reet addres	s				

SIGNATURE:

14. I do hereby certify that the information supplied with this filing goes 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 armual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that it am an officer or director of the corporation or the coefficient 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 or an attachment the appears.

407-422-7082

**FILED** 

Apr 16 1997 8:00am

Secretary of State