

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 587847 (5)

1. Corporation Name

SUN TITLE & ABSTRACT CO.



Principal Place of Business

4010 57 AVENUE SOUTH
STE 104
GREENACRES FL 33463

Mailing Address

4010 57 AVENUE SOUTH
STE 104
GREENACRES FL 33463

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

3. Date Incorporated or Qualified

09/27/1978

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1854624

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

Yes

No

\$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

9. Name and Address of Current Registered Agent

CONWAY, PATRICIA
4010 57TH AVE SOUTH
SUITE 104
GREENACRES FL 33463

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 typed or printed name of registered agent (Block 9)

(Block 10) Registered Agent signature (required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PT

CONWAY, PATRICIA
4010 57 AVE SO
GREENACRES FL

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

MCALONAN, EILEEN M.
4010 57 AVE SO.
GREENACRES FL

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VS

MCALONAN, FRANCIS R.
4010 57 AVE SO.
GREENACRES FL

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PT

McAlonan, Jr., Francis R.
4010 57th Avenue, Suite 104
Greenacres, FL 33463

Change

Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change

Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

V

McAlonan, Francis R.
4010 57th Avenue, Suite 104
Greenacres FL 33463

Change

Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

S

Conway, Patricia
4010 57th Avenue, Suite 104
Greenacres, FL 33463

Change

Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change

Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96

407-433-520

CR2E034 (12/95)