

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

FILED  
May 19 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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 Mailing Address  
4010 57 AVENUE SOUTH 4010 57 AVENUE SOUTH  
STE 104 STE 104  
GREENACRES FL 33463 GREENACRES FL 33463

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/27/1978	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1854624		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent CONWAY, PATRICIA 4010 57TH AVE SOUTH SUITE 104 GREENACRES FL 33463				10. Name and Address of New Registered Agent 81 Name FRANCIS R. MCALONAN JR 82 Street Address (P.O. Box Number is Not Acceptable) SAME AS below 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 *Francis R. McAlonan Jr* 4-29-98  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCALONAN, JR. F R	1.2 NAME	
STREET ADDRESS	4010 57TH AVENUE, STE 104	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENACRES FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCALONAN, EILEEN M.	2.2 NAME	
STREET ADDRESS	4010 57 AVE SO.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENACRES FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCALONAN, FRANCIS R.	3.2 NAME	
STREET ADDRESS	4010 57TH AVE., STE 104	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENACRES FL	3.4 CITY-ST-ZIP	
TITLE	VPS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONWAY, PATRICIA	4.2 NAME	
STREET ADDRESS	4010 57TH AVE., STE 104	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENACRES FL	4.4 CITY-ST-ZIP	
TITLE	DARLENE KLAUSE, VP.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4010 57TH AVE. #104	5.2 NAME	
STREET ADDRESS	GREENACRES, FL.	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 to an address.

SIGNATURE

CR2E034 (10/97)