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 # **675692** **(8)**

1. Corporation Name
COMMUNITY TITLE CORP.

Principal Place of Business
2324 SOUTH CONGRESS AVENUE
SUITE 2-D
WEST PALM BEACH FL 33406

Mailing Address
2324 SOUTH CONGRESS AVENUE
SUITE 2-D
WEST PALM BEACH FL 33406

3. Date Incorporated or Qualified: **06/10/1980**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: **59-2001831** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
FITZGERALD, SUSAN C.
~~**2414 BIMINI DRIVE**~~ 1910 TRAVIS Rd
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent
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 of a New Registered Agent required for registered agent change) (Not a Registered Agent signature required for address change) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD ☐ DELETE
NAME	FITZGERALD, SUSAN C.
STREET ADDRESS	~~2414 BIMINI DRIVE~~ 1910 TRAVIS Rd
CITY-ST-ZIP	W. PALM BEACH FL 33406
TITLE	VS ☐ DELETE
NAME	FITZGERALD, SUSAN C.
STREET ADDRESS	~~2414 BIMINI DRIVE~~ 1910 TRAVIS Rd
CITY-ST-ZIP	W. PALM BEACH FL 33406
TITLE	V ☐ DELETE
NAME	FITZGERALD, QUIN K.
STREET ADDRESS	~~2414 BIMINI DRIVE~~ 106 Norfolk Road
CITY-ST-ZIP	W. PALM BEACH FL Jupiter FL 33469
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: PRESIDENT — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 1-25-96 — Daytime Phone #: 407-964-2772

CR2E034 (12/95)