

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED Apr 07 1998 8:00am Secretary of State

DOCUMENT # F03357

(3)

1. Corporation Name ATLANTIC TITLE & TRUST CO.

Principal Place of Business: 417 E. VIRGINIA ST SUITE ONE TALLAHASSEE FL 32301 US

Mailing Address: 7421 W 100TH PL BRIDGEVIEW IL 60455-2442 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1980
4. FEI Number: 36-3154105
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [] Yes [] No

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country
9. Name and Address of Current Registered Agent: CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. SUITE 1 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent: 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83 City; 84 Zip Code; 85 FL

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 type for performance of registered agent and the filing fee (if applicable) DATE: Registered Agent's signature (required when transferring)

12. OFFICERS AND DIRECTORS: 1. PTS LAPORT, FRANK L. 7421 W. 100TH PLACE BRIDGEVIEW IL VD THOMPSON, BRENFORD J 797 DOUGLAS AVE ALTAMONTE SPRGS, FLO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 11 TITLE; 12 NAME; 13 STREET ADDRESS; 14 CITY- ST- ZIP; 21 TITLE; 22 NAME; 23 STREET ADDRESS; 24 CITY- ST- ZIP; 31 TITLE; 32 NAME; 33 STREET ADDRESS; 34 CITY- ST- ZIP; 41 TITLE; 42 NAME; 43 STREET ADDRESS; 44 CITY- ST- ZIP; 51 TITLE; 52 NAME; 53 STREET ADDRESS; 54 CITY- ST- ZIP; 61 TITLE; 62 NAME; 63 STREET ADDRESS; 64 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)(c), 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 I am an officer or director thereof with an address.

SIGNATURE: Frank Leonard Laport, Pres. CERTIFIED MAIL NOT POSTED 108 202 881 RETURN RECEIPT REQUESTED 708/599-9000

CR2E034 (10/97)