2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F94000003591

1. Entity Name

LAWYERS ADVANTAGE TITLE GROUP, INC.



Principal Place of Business

....

8211 W. BROWARD BLVD #110 PLANTATION, FL 33324 Mailing Address

8211 W. BROWARD BLVD #110 PLANTATION, FL 33324

FILED Apr 13, 2004 08:00 AM Secretary of State



01122004

No Chg-P

CR2E034 (10/03)

4. FEI Number 52-1640081 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANDLER, ALAN L 8211 W. BROWARD BLVD #110 PLANTATION, FL 33324

SIGNATURE:

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing —	\$5.00 May Be Added to Fees	U00000111424 04/13/04-80016-017 150.00
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SANDLER, JON L 11549 MANORSTONE LANE COLUMBIA, MD 21044				
FITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV SANDLER, KAY W 11549 MANORSTONE LANE COLUMBIA, MD 21044				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET AODRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplied 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 receive for trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all address, with all other like empowered.					

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO