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Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000003177 (1)

1. Corporation Name
FIRST FIDELITY TITLE, INC.

Principal Place of Business
2020 CLUBHOUSE DR. PO BOX 5698
SUN CITY CENTER FL 33573-5698

Mailing Address
2020 CLUBHOUSE DR. PO BOX 5698
SUN CITY CENTER FL 33573-5914



2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified
06/30/1995

3a. Date of Last Report
06/03/1996

4. FEI Number

59-3321774

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

FLINN, MILTON G
2020 CLUBHOUSE DR. PO BOX 5698
SUN CITY CENTER FL 33573-5698

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC
NAME HOFFMAN, ALFRED JR
STREET ADDRESS 2020 CLUBHOUSE DR. PO BOX 5698
CITY, ST, ZIP SUN CITY CENTER FL 33573-5698

DELETE

TITLE DC
NAME ACKERMAN, DON E.
STREET ADDRESS 2020 CLUBHOUSE DR. PO BOX 5698
CITY, ST, ZIP SUN CITY CENTER FL

DELETE

TITLE D
NAME PETER, E. L.
STREET ADDRESS 2020 CLUBHOUSE DR. PO BOX 5698
CITY, ST, ZIP SUN CITY CENTER FL 33573-5698

DELETE

TITLE PS
NAME STARKEY, JERRY L
STREET ADDRESS 2020 CLUBHOUSE DR. PO BOX 5698
CITY, ST, ZIP SUN CITY CENTER FL 33573-5698

DELETE

TITLE V
NAME FLINN, MILTON G
STREET ADDRESS 2020 CLUBHOUSE DR. PO BOX 5698
CITY, ST, ZIP SUN CITY CENTER FL 33573-5698

DELETE

TITLE T
NAME HOOD, THOMAS J
STREET ADDRESS 2020 CLUBHOUSE DR. PO BOX 5698
CITY, ST, ZIP SUN CITY CENTER FL 33573-5698

DELETE

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

T
DIETZ, JAMES
2020 CLUBHOUSE DR
SUN CITY CENTER, FL 33573

14. I do 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 with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-97 813-634-3311

CR2E034 (9/96)