

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G12226** (8)
1. Corporation Name
TROPICAL TITLE INSURANCE AGENCY, INC.

Principal Place of Business 660 9TH ST NORTH SUITE 3 NAPLES FL 33940 US	Mailing Address 660 9TH STREET N. STE. 3 NAPLES FL 33940 US
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2. Principal Place of Business 21 660 9TH STREET NORTH Suite, Apt. #, etc. 22 SUITE 3 City & State 23 NAPLES, FL Zip 24 34102 Country 25 US	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent

**PHILLIPS, SIMONE
660 9TH STREET NORTH
STE. 3
NAPLES FL 33940**

34102

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	P <input type="checkbox"/> DELETE
NAME	PHILLIPS, SIMONE
STREET ADDRESS	660 9TH ST. N. STE. 3
CITY-ST-ZIP	NAPLES FL 34102
TITLE	D <input type="checkbox"/> DELETE
NAME	PHILLIPS, TIMOTHY ALAN
STREET ADDRESS	660 9TH ST. N. STE. 3
CITY-ST-ZIP	NAPLES FL 34102
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	200002262182--3
1.3 STREET ADDRESS	-08/08/97--01120--009
1.4 CITY-ST-ZIP	****173.75 ****173.75
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

AL
8-6-97

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:

Simone Phillips Pres.

07/28/97 (941) 434-2065

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/08/1982	3a. Date of Last Report 04/22/1996
4. FEI Number 59-2238122	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

CR2E034 (497)

**TROPICAL TITLE
Insurance Agency Inc.**

660 9th Street North (U.S. 41), Suite 3
Naples, Florida 34102
941/434-2065 - FAX: 941/434-5695

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July 28, 1997

Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Re: 1997 Profit Corporation Annual Report Packet

Dear Sir or Madame,

I am writing in response to a second notice that we received from your office regarding the 1997 Profit Corporation Annual Report. Due to a zip code change we did not receive the first notice. It was probably returned to you. The new zip code is included in the filing. After your review and consideration we trust that you will understand that the lateness of our filing was not do to neglect but was caused by this change.

In the anticipation that you will waive the late fees we are remitting the \$165.00 + \$8.75 for the Certificate of Status having a total of \$173.75. Should you have any questions or concerns please feel free to contact me at (941) 434-2065.

Your Truly,


Timothy A. Phillips / Director