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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G96791
1. Corporation Name
FLORIDA TITLE AGENCY, INC.

(0)

FILED								
Apr 24 1997 8:00am								
Secretary of State								

APRIL 17, 1997

Principal Place of Business 200 LAURA ST. P.O.BOX 240 JACKSONVILLE FL 32202		Mailing Address			E JOHANNA DONO KANIN ANDRIA NODIO NODIO NIBER MIREN ANDRI BIDIN BIDIN DIREN DIREN NODI		
		200 Laura St. P.O.Box 240 Jacksonville Fl 32202-3500					
				3. Date Incorporated or Qualified 02/20/1984		3a. Date of Last Report 02/12/1996	
 1	lace of Business	2s. Mailing Address			4. FEI Number	Applied For	
21 Suito Ant	# No	Suite, Apt. #, etc.			¢0.75 4-400		Not Applicable
Sulte, Apt. #, etc.		27		5. Certificate of Status Desired	1 1	ee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for i		der s. 199.032,
24 25 9. Name and Address of Curren		29 30 Segistered Agent		Florida Statutes Yes No 10. Name and Address of New Registered Agent			
LOT	ZIA, EMERSON M	t nogistered Agent		81 Name	ID. Hamo and Address of New He	gistered Agent	
	LAURA ST.			DO 0			
	KSONVILLE FL 32202		ì	82 Street Add	dress (P.O. Box Number is Not Acceptab	ile)	
			ļ	83			
			-	84 City		85	Zip Code
_				,		 	•
agent. I a	m familiar with, and accept the obliga	ations of, Section €07.0505, Fl	lorida Statı	ites.	poration submits this statement for the p ation's board of directors. I hereby accep		nt as registered
	Signature, typed or printed name of registered age			Agent signature requ	ured whom reinstating)	DATE DIDE	OTODO INLAD
12.	OFFICERS AND	DELETE	13. 1.1 III	ı	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	
NAME	LOTZIA, EMERSON M	L. J OTTE	1.2 NA			Oil	ungo E Xoutton
STREET ADDRESS	200 LAURA STREET			REET ADORESS			
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY - ST - ZIP				
TITLE	SD	DELETE	2 1 TITLE			□ Ch	ange 🔲 Addition
NAME	COMMANDER, CHARLES E.		2 2 NA	MF			
STREET ADDRESS	200 LAURA ST.		2.3 STI	REET ADDRESS			
CITY-\$T-ZIP	JACKSONVILLE FL			IY-ST-ZIP			
TITLE		☐ DELETE	3.1 111			☐ Ch	ange L Addition
NAME			3 2 NA				
STREET ADDRESS CITY-ST-ZIP				HELADDRESS TV. 61, 700			
TITLE		DELETE	4.1 1)1	TY-\$T-7IP LE		C1 cr	ange Addition
NAME			4. 2 N/				
STREET ADDRESS			4.3 \$18	RET ADDRESS			
CITY-ST-ZiP			4.4 CI1	Y - ST - ZIP			
TITLE		DELETE	5.1 TiT	Lf		Ch	ange Addition
NAME			5.2 NA	ME			
STREET ADDRESS			5.3 \$11	RELI ADDRESS			
CITY-ST-ZIP		T beleze		Y-ST-ZIP			 11 7 7 5 7
TITLE		Ĺ_] DELETE	6.1 10)		L_ Cr	ange 🔲 Addition
NAME CTREET ADDRESS			6.2 NA				
STREET ADDRESS				KEEL ADDRESS			
CITY-ST-ZIP 14. I do herei	by certify that the information supplied	d with this filing does not qual		Y-ST-ZIP exemption state	ed in Section 119.07(3)(i). Florida Statule	s. I further certify	/ that the
informatio	on Indicated on this annual report or s	upplemental annual report is the receiver or trustee empor	true and a wered to e	ocurate and the	at my signature shall have the same lega ort as required by Chapter 607, Florida S	l effect as if mad	de under oath; tha