


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

FILED  
May 14 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H59315** (2)

1. Corporation Name  
**LAND TITLE ANALYSIS, INC.**

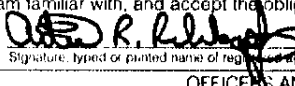
Principal Place of Business <b>C/O ARTIE RENKOPF LAND TITLE SEARCH ASS</b> <del>24701 U.S. 19 N SUITE 111</del> <del>CLEARWATER FL 34623</del>	Mailing Address <b>C/O ARTIE RENKOPF LAND TITLE SEARCH ASS</b> <del>24701 U.S. 19 N SUITE 111</del> <del>CLEARWATER FL 34623-4053</del>
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2. Principal Place of Business 21 <b>24705 U.S. Hwy. 19, North</b>		2a. Mailing Address 26 <b>24705 U.S. Hwy. 19, North</b>		3. Date Incorporated or Qualified <b>05/30/1985</b>	3a. Date of Last Report <b>08/08/1996</b>
Suite, Apt. #, etc. 22 <b>310</b>		Suite, Apt. #, etc. 27 <b>310</b>		4. FEI Number <b>59-2583404</b>	Applied For Not Applicable
City & State 23 <b>Clearwater, Florida</b>		City & State 28 <b>Clearwater, Florida</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip 24 <b>34623</b>		Zip 29 <b>34623</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Country 25 <b>Pinellas</b>		Country 30 <b>Pinellas</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>RENKOPF, ARTIE R</b> <del>24701 U.S. 19 N</del> <del>STE 111</del> <del>CLEARWATER FL 34618</del>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
				<b>24705 U.S. Hwy. 19, North</b>	
83 Suite				<b>310</b>	
84 City				<b>Clearwater</b>	
				<b>FL</b>	
				85 Zip Code <b>34623</b>	

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:  DATE: **4-30-97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PST</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>RENKOPF, ARTIE R.</b>			1.2 NAME			
STREET ADDRESS	<del>24701 U.S. 19 N #111</del>			1.3 STREET ADDRESS	<b>24705 U.S. Hwy. 19, North</b>		
CITY - ST - ZIP	<del>CLEARWATER FL</del>			1.4 CITY - ST - ZIP	<b>Clearwater, Florida 34623</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>RENKOPF, ARTIE R.</b>			2.2 NAME			
STREET ADDRESS	<b>2636 ENTERPRISE ROAD, EAST #C-14</b>			2.3 STREET ADDRESS			
CITY - ST - ZIP	<b>CLEARWATER FL</b>			2.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

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:  DATE: **4-30-97** 813-726-2536

CR2E034 (9/96)