

Apr 07 1997 8:00am
Secretary of State

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

1. Corporation Name
CORAL TITLE COMPANY

Principal Place of Business
867 S. ATLANTIC AVE
ORMOND BEACH FL 32176

Mailing Address
867 S. ATLANTIC AVE
ORMOND BEACH FL 32176-7816

				3. Date Incorporated or Qualified 12/11/1985		3a. Date of Last Report 03/19/1996	
2. Principal Place of Business				2a. Mailing Address			
21		Suite, Apt. #, etc.		26		Suite, Apt. #, etc.	
22		City & State		27		City & State	
23		Zip		28		Zip	
24		Country		29		Country	
				4. FEI Number 59-2605586		Applied For Not Applicable	
				5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

FINCKE, GERALD B.
867 S ATLANTIC AVE
ORMOND BEACH FL 32176

81	Name
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Street Address (P.O. Box Number is Not Acceptable)

83

City

FL

85	Zip Code
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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 reinstalling)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINCKE, GERALD B.	1.2 NAME	
STREET ADDRESS	867 S ATLANTIC AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORMOND BEACH FL	1.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERT, RICHARD F.	2.2 NAME	
STREET ADDRESS	48 RICKEDGE CIRCLE	2.3 STREET ADDRESS	2060 Fairport Nine Mile Pt. Rd., Ste. 310
CITY - ST - ZIP	ROCHESTER NY	2.4 CITY - ST - ZIP	Penfield, NY 14526
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BADER, MICHAEL E.	3.2 NAME	
STREET ADDRESS	2 GLEN VALLEY DR	3.3 STREET ADDRESS	2060 Fairport Nine Mile Pt. Rd., Ste. 310
CITY - ST - ZIP	PENFIELD NY	3.4 CITY - ST - ZIP	Penfield, NY 14526
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PREMO, VICTORIA E	4.2 NAME	
STREET ADDRESS	867 S. ATLANTIC AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORMOND BEACH FL	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:

Victor A. Gremo Victor A. Gremo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Victoria E. Premo

04/01/97

(904) 677-2440

CR2E034 (9/96)