

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

FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # J95038 (2)

1. Corporation Name
NORTH FLORIDA TITLE COMPANY

Principal Place of Business 93A ORANGE STREET 780 NORTH PONCE DE LEON BLVD ST. AUGUSTINE FL 32084 US	Mailing Address % JOHN D. BAILEY, JR. 780 NORTH PONCE DE LEON BLVD ST AUGUSTINE FL 32084
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

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 Country
24	25
29	30

3. Date Incorporated or Qualified 09/28/1987	
4. FEI Number 59-2851371	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BAILEY, JOHN D., JR.
 780 NORTH PONCE DE LEON BLVD
 ST AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	DELORENZO, ARNOLD	
STREET ADDRESS	92 CHARLOTTE STREET	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DARDI, MARY JANE	
STREET ADDRESS	114 MICKLER BOULEVARD	
CITY-ST-ZIP	ST AUGUSTINE BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DELORENZO, ARNOLD	
STREET ADDRESS	92 CHARLOTTE STREET	
CITY-ST-ZIP	ST AUGUSTINE	
TITLE	EVPD	<input type="checkbox"/> DELETE
NAME	DARDI, ANTHONY J	
STREET ADDRESS	503 E. STREET	
CITY-ST-ZIP	ST. AUGUSTINE	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	HICKEY, LUANNE R	
STREET ADDRESS	135 MENENDEZ ROAD	
CITY-ST-ZIP	ST AUGUSTINE	
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	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	

14. I 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: *Mary Jane Dardi* *President* 2-17-98 825-4795

CR2E034 (1097)