SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **K04011** **(8)**

1. Corporation Name
LANDMARK TITLE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
11575 US HIGHWAY ONE SUITE 209. OAKTREE PLAZA NORTH PALM BEACH FL 33408 US	11575 US HIGHWAY ONE SUITE 209. OAKTREE PLAZA NORTH PALM BEACH FL 33408 US

3. Date Incorporated or Qualified: 11/25/1987
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 2701 OKEECHOBEE BLVD.	26 2701 OKEECHOBEE BLVD.
Suite, Apt. #, etc. 22 #200	Suite, Apt. #, etc. 27 #200
City & State 23 WEST PALM BEACH, FL	City & State 28 WEST PALM BEACH, FL
Zip 24 33409 Country 25 PALM BCH.	Zip 29 33409 Country 30 PALM BCH.

4. FEI Number: 65-0012025 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~CRAIG, STEVEN L.~~
~~11575 US HIGHWAY ONE~~
~~SUITE 209, OAKTREE PLAZA~~
~~NORTH PALM BEACH FL 33408~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2701 OKEECHOBEE BLVD., #200
83 ~~[illegible]~~
84 City: WEST PALM BEACH FL 85 Zip Code: 33409

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
Signature, type or print name of the registered agent and the date of this filing. (NOTE: Registered Agent's signature required when reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDS	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	CRAIG, STEVEN L.		1.2 NAME		
STREET ADDRESS	~~11575 US HIGHWAY ONE, SUITE 209~~		1.3 STREET ADDRESS	2701 OKEECHOBEE BLVD., #200	
CITY-ST-ZIP	~~NORTH PALM BEACH FL~~		1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE	V	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	SHAVERDI, SHERRY J.		2.2 NAME		
STREET ADDRESS	~~11575 US HIGHWAY ONE, SUITE 209~~		2.3 STREET ADDRESS	2701 OKEECHOBEE BLVD., #200	
CITY-ST-ZIP	~~NORTH PALM BEACH FL~~		2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE	V	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SIMMONS, CHRISTA J.		3.2 NAME		
STREET ADDRESS	~~11575 US HIGHWAY ONE~~, SUITE 209		3.3 STREET ADDRESS		
CITY-ST-ZIP	~~NORTH PALM BEACH FL~~		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: Steven L Craig 6/27/96 4076816500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #