

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
2701 OKEECHOBEE BLVD
#200
WEST PALM BEACH FL 33409
US

Mailing Address
2701 OKEECHOBEE BLVD
#200
WEST PALM BEACH FL 33409-4009
US

Antonia
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JUL 30 PM 1:55 #2909



3. Date incorporated or Qualified 11/25/1987
3a. Date of Last Report 08/16/1996
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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
2a. Mailing Address
25 Suite, Apt. #, etc.
26 City & State
27 Zip
28 Country
29

9. Name and Address of Current Registered Agent

CRAIG, STEVEN L.
2701 OKEECHOBEE BLVD #200
SUITE 209, OAKTREE PLAZA
WEST PALM BEACH FL 33409

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
FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS ☐ DELETE	1.1 TITLE	☐ Change ☐ Additio
NAME	CRAIG, STEVEN L.	1.2 NAME	
STREET ADDRESS	2701 OKEECHOBEE BLVD #200	1.3 STREET ADDRESS	300002256523--5
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	-08/04/97--01106--003
TITLE	V ☐ DELETE	2.1 TITLE	****165.00 ☐ Change ☐ Additio
NAME	SHAVERDI, SHERRY J.	2.2 NAME	
STREET ADDRESS	2701 OKEECHOBEE BLVD #200	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Additio
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Additio
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Additio
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Additio
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.

dec 8/1