

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K28231 (4)**

1. Corporation Name
ARMISTEAD COMMERCIAL TITLE GROUP, INC.



Principal Place of Business
**P O BOX 20386
TAMPA FL 33622**

Mailing Address
**P O BOX 20386
TAMPA FL 33622**

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

**ARMISTEAD JR., EARNEST S.
ARMISTEAD COMMERCIAL TITLE GROUP, INC.
550 N REO ST #300
TAMPA FL 33609**

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 of the person who is the registered agent of the corporation

Signature of the person who is the president or officer of the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	NAME	ARMISTEAD, EARNEST S. JR	DELETE
STREET ADDRESS			1975 W. BAY DR #214	
CITY-STATE-ZIP			LARGO FL	
TITLE	VST	NAME	ARMISTEAD, EARNEST S.III	DELETE
STREET ADDRESS			1331 PEACHTREE DRIVE	
CITY-STATE-ZIP			PALM HARBOR FL	
TITLE		NAME		DELETE
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE		NAME		DELETE
STREET ADDRESS				
CITY-STATE-ZIP				
TITLE		NAME		DELETE
STREET ADDRESS				
CITY-STATE-ZIP				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	15 CITY-STATE-ZIP
2. TITLE	22 NAME	23 STREET ADDRESS	24 CITY-STATE-ZIP	25 CITY-STATE-ZIP
3. TITLE	32 NAME	33 STREET ADDRESS	34 CITY-STATE-ZIP	35 CITY-STATE-ZIP
4. TITLE	42 NAME	43 STREET ADDRESS	44 CITY-STATE-ZIP	45 CITY-STATE-ZIP
5. TITLE	52 NAME	53 STREET ADDRESS	54 CITY-STATE-ZIP	55 CITY-STATE-ZIP
6. TITLE	62 NAME	63 STREET ADDRESS	64 CITY-STATE-ZIP	65 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption state in Section 119.07(3)(k), 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 officer or trusted or 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Earneest S. Armistead, Jr., President

April 10, 1996

(813) 289-3038

CR2E034 (12/95)