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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M30198 (9)
1. Corporation Name
SOUTHEASTERN ALLIANCE TITLE AGENCY, INC.



Principal Place of Business
88 S.E. 6TH AVENUE
DELRAY BEACH FL 33483

Mailing Address
88 S.E. 6TH AVENUE
DELRAY BEACH FL 33483-5314

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 04/09/1986 | 3a. Date of Last Report 06/14/1996 |
| 4. FEI Number 59-2659455 | 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 | |

| | |
|--|---|
| 2. Principal Place of Business 21 117 NE 5th Ave Suite, Apt. #, etc. 22 Delray Bch FI City & State 23 Zip 24 33483 Country 25 USA | 2a. Mailing Address 26 117 NE 5th Ave Suite, Apt. #, etc. 27 City & State 28 Delray Bch FI Zip 29 33483 Country 30 USA |
|--|---|

9. Name and Address of Current Registered Agent
LASKEY, DAVID G.
88 S.E. 6TH AVENUE
DELRAY BEACH FL 33483

| | | | | |
|---------------------------|---|----|----------------------------|----------------------|
| 81 Name DAVID G Laskey | 82 Street Address (P.O. Box Number is Not Acceptable) 117 NE 5th Ave | 83 | 84 City Delray Beach FL | 85 Zip Code 33483 |
|---------------------------|---|----|----------------------------|----------------------|

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|--|
| TITLE | PD | 1.1 TITLE | |
| NAME | LASKEY, DAVID G. | 1.2 NAME | |
| STREET ADDRESS | 6701 SW 124TH STREET | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI FL | 1.4 CITY - ST - ZIP | |
| TITLE | VP | 2.1 TITLE | |
| NAME | LASKEY, JOHN | 2.2 NAME | |
| STREET ADDRESS | 616 MADISON AVENUE | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | TOLEDO OH | 2.4 CITY - ST - ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | |
| 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97 (501)
278-5555

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CR2E034 (9/96)