

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 11 PM 3:44

DOCUMENT # **M84349** (3)
1. Corporation Name
SUNBELT TITLE AGENCY OF CENTRAL FLORIDA, INC.

Principal Place of Business
**401 W COLONIAL DR
SUITE 6
ORLANDO FL 32804
US**

Mailing Address
**PO BOX 6600
CLEARWATER FL 34618
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/08/1988** 3a. Date of Last Report **03/29/1994**

2. Principal Place of Business 21 320 Crown Oaks Centre Dr.		2a. Mailing Address 26		4. FEI Number 59-2892337		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State Longwood, FL		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 32750	25 Country US	29 Zip	30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent HIGGINS, JOHN P 100 SECOND AVE SOUTH 12TH FLOOR ST PETERSBURG FL 33701				10. Name and Address of New Registered Agent			
81 Name		Morris A. LeCompte, Esquire					
82 Street Address (P.O. Box Number is Not Acceptable)		100 Second Avenue South					
83		City Center - 12th Floor					
84 City		St. Petersburg		85 State	FL	86 Zip Code	33701

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 **Morris A. LeCompte** *Morris A. LeCompte* 2/25/95

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	COPE, RICHARD W	1.2 NAME					
STREET ADDRESS	18353 US HWY 19 NORTH, SUITE 100	1.3 STREET ADDRESS					
CITY - ST - ZIP	CLEARWATER FL	1.4 CITY - ST - ZIP					
TITLE	D	2.1 TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	TOOKE, EDWIN C	2.2 NAME					
STREET ADDRESS	18353 US HWY 19 NORTH, SUITE 100	2.3 STREET ADDRESS					
CITY - ST - ZIP	CLEARWATER FL	2.4 CITY - ST - ZIP					
TITLE	D	3.1 TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	MUELLER, JAMES G	3.2 NAME					
STREET ADDRESS	2101 W COMMERCIAL BLVD. #4000	3.3 STREET ADDRESS					
CITY - ST - ZIP	FT LAUDERDALE FL	3.4 CITY - ST - ZIP					
TITLE	TS	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	STICCO, LEWIS A	4.2 NAME					
STREET ADDRESS	10353 US HWY 19 NORTH, SUITE 100	4.3 STREET ADDRESS					
CITY - ST - ZIP	CLEARWATER FL	4.4 CITY - ST - ZIP					
TITLE	K	5.1 TITLE	V	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	JOSEPH, R. K	5.2 NAME	Sharon Howard				
STREET ADDRESS	401 W COLONIAL DR, SUITE 6	5.3 STREET ADDRESS	320 Crown Oaks Centre Drive				
CITY - ST - ZIP	ORLANDO FL 32804	5.4 CITY - ST - ZIP	Orlando, FL 32750				
TITLE	V	6.1 TITLE	V	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	WICKER, DAVID E	6.2 NAME	Dennis McArdle				
STREET ADDRESS	4100 W KENNEDY BLVD.	6.3 STREET ADDRESS	4100 West Kennedy Blvd., Ste. 206				
CITY - ST - ZIP	TAMPA FL	6.4 CITY - ST - ZIP	Tampa, FL 33609				

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 110.07(3)(b), 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: *L. A. Sticco* **Louis A. Sticco** 4/6/95 813/538-5468

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SUNBELT TITLE AGENCY OF CENTRAL FLORIDA, INC.
DOCUMENT # M84349
FEI: 59-2892337

Additional Officer:

V
Suzanne S. Godoy
2101 W. Commercial Blvd., #1400
Ft. Lauderdale, Florida 33309