

6-11-98 B 7944 C
FILE NOW: FILING FEE IS \$61.25

FILED
Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N33622** (4)
1. Corporation Name
FLORIDA ASSOCIATION OF INDEPENDENT TITLE AGENTS, INC.

Principal Place of Business P.O. BOX 290431 TAMPA FL 33687-0431	Mailing Address P.O. BOX 290431 TAMPA FL 33687-0431
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3. Date Incorporated or Qualified 08/08/1989	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
4. FEI Number 59-2967418	Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OLVER, E. DARLENE
6703 N. HIMES
TAMPA FL 33614**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	VPD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STALLARD, TOM	1.2 NAME	Wynne Holland, Wayne
STREET ADDRESS	800 W FEE AVE	1.3 STREET ADDRESS	1700 46th St N #203
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	St Petersburg FL 33710
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLVER, E. DARLENE	2.2 NAME	same
STREET ADDRESS	6703 N. HIMES AVENUE	2.3 STREET ADDRESS	same
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	same
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATARAZZO, PATRICIA	3.2 NAME	same
STREET ADDRESS	477 NORTH HARBOR CITY BLVD	3.3 STREET ADDRESS	same
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	same
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROEBELT, LINDA	4.2 NAME	same
STREET ADDRESS	24701 US 19 #102	4.3 STREET ADDRESS	same
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	same
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, JAN	5.2 NAME	Jennings, Jan
STREET ADDRESS	3579 S MCCALL RD #1	5.3 STREET ADDRESS	3579 S McCall Rd #1
CITY-ST-ZIP	ENGLEWOOD FL	5.4 CITY-ST-ZIP	Englewood, FL
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

E. Darlene Oliver S/R

10/3/98 (813) 870-0333

CR2E037 (10/97)