

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000009203 (9)  
1. Corporation Name

SUN TITLE & ABSTRACT OF WELLINGTON, INC.

Principal Place of Business

Mailing Address

12794 W. FOREST HILL BLVD.  
SUITE 30  
WELLINGTON, FLORIDA 33414

12794 W. FOREST HILL BLVD.  
SUITE 30  
WELLINGTON, FLORIDA 33414

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUY R. BYRD  
12794 W. FOREST HILL BLVD. # 30  
WELLINGTON, FLORIDA 33414

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 607.1508, 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 D/P/T  
NAME BYRD GUY  
STREET ADDRESS 12794 W. FOREST HILL BLVD., SUITE 30  
CITY-ST-ZIP WELLINGTON, FLORIDA 33414

TITLE D/V/S  
NAME GOULD SANDY  
STREET ADDRESS 12794 W. FOREST HILL BLVD., SUITE 30  
CITY-ST-ZIP WELLINGTON, FLORIDA 33414

TITLE D  
NAME CONWAY PATRICIA  
STREET ADDRESS 12794 W. FOREST HILL BLVD., SUITE 30  
CITY-ST-ZIP WELLINGTON, FLORIDA 33414

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
GUY R. BYRD / PRESIDENT

10/15/96 (561)798-9092

Date

Daytime Phone #

FILED

96 OCT 21 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E034 (3/96)