

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000037743 (0)

1. Corporation Name

PENINSULA STATE TITLE, INC.



Principal Place of Business

Mailing Address

1861 PLACIDA RD.
SUITE 204
ENGLEWOOD FL 34223
US

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SUITE 204
ENGLEWOOD FL 34223
US

3. Date Incorporated or Qualified
05/26/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0413948

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BATSEL, C. GUY
1861 PLACIDA ROAD
SUITE 204
ENGLEWOOD FL 34223

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 the registered agent and, if applicable,

(SEE) Registered Agent signature required when recording.

Date

12. OFFICERS AND DIRECTORS

TITLE	DP	DELETE
NAME	BATSEL, C. GUY	
STREET ADDRESS	1861 PLACIDA ROAD #204	
CITY - ST - ZIP	ENGLEWOOD FL	
TITLE	DVP	DELETE
NAME	MCKINLEY, MICHAEL R	
STREET ADDRESS	18401 MURDOCK CIRCLE	
CITY - ST - ZIP	PT. CHARLOTTE FL	
TITLE	DS	DELETE
NAME	ITTERSAGEN, SCOTT D	
STREET ADDRESS	1861 PLACIDA ROAD #204	
CITY - ST - ZIP	ENGLEWOOD FL	
TITLE	DT	DELETE
NAME	GUNDERSON, MIKO P	
STREET ADDRESS	1861 PLACIDA ROAD #204	
CITY - ST - ZIP	ENGLEWOOD FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D/P/T	Change Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	D/1st VP	Change Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	D/2nd VP	Change Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	S	Change Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		Change Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		Change Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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 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 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, with an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/96

941-474-7713

CR2E034 (3/96)