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CORPORATION
ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Mar 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000076571 (7)

SUPERIOR TITLE INSURANCE AGENCY, INC.

Principal Place of Business Mailing Address 1980 N. ATLANTIC AVE. 1980 N. ATLANTIC AVE. **SUITE BO7** SHITTE 807 COCOA BEACH FL 32931-3276 **COCOA BEACH FL 32931** 3a. Date of Last Report 3. Date Incorporated or Qualified 11/01/1993 02/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3208064 Not Applicable 21 26 Suitc, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032, 25 Yes No 24 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KABBOORD, JOHN J JR 1980 N. ATLANTIC AVE. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 807 83 COCOA BEACH FL 32931 City 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 fare-liar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or presed name of registered agent and title diapplicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS (96/6) 13. DELETE Change Addition THEF 1.1 TITLE KABBOORD, JOHN J JR NAMi 1.2 NAME CR2E034 1980 N. ATLANTIC AVE., SUITE 807 STREET ADDRESS 1.3 STREET ADDRESS COCOA BEACH FL 32931 1.4 CITY - ST - ZIP C/TY-51-7/8 DELETE Change Addition 2.1 TITLE HILL NAM: 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST- ZIP CITY-ST DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADORESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST- 74P DELETE 4.1 TITLE Change Addition THE MAV 4 2 NAMI 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST ZIP DELETE Change Addition THE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE THE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP

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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

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