FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000051497 (3)

1. Corporate Name
ORLEANS TITLE COMPANY

Principal Place of Business
808 SANDRINGHAM LN
LUTZ FL 33549

Mailing Address
808 SANDRINGHAM LN
LUTZ FL 33549

3. Date Incorporated or Qualified: 07/07/1994
3a. Date of Last Report: n/a

2. Principal Place of Business
21 14497 N. DALE MABRY Hwy.
Suite Apt # or
22 Suite 170
City & State
23 TAMPA, FL
Zip
24 33618
County
25 Hillsborough

2a. Mailing Address
26 14497 N. Dale Mabry Hwy.
Suite Apt # or
27 Suite 170
City & State
28 TAMPA, FL
Zip
29 33618
County
30 Hillsborough

4. FEI Number: 59-3253458 — 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 elected to be taxed under Section 1361 of the Internal Revenue Code and Florida Statutes. Yes [ ] No [X]

9. Name and Address of Current Registered Agent
PETCHE, MARK A
808 SANDRINGHAM LN
LUTZ FL 33549

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to Section 607.0505 and 607.1009, 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 hereby accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PETCHE, MARK A
STREET ADDRESS	808 SANDRINGHAM LN
CITY, ST, ZIP	LUTZ FL 33549
TITLE	D
NAME	PETCHE, DARLENE T
STREET ADDRESS	808 SANDRINGHAM LN
CITY, ST, ZIP	LUTZ FL 33549

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (Change / Add)

14. I hereby certify that the information supplied with this report is true, complete, and accurate.

SIGNATURE: MARK A. PETCHE 4-18-95 813-960-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0285102 CP