

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---

DOCUMENT # **P94000055888 (9)**

1. Corporation Name
DUNN TITLE COMPANY



Principal Place of Business 4700 TAMiami TRAIL NO. UNIT 6 NAPLES FL 33940	Mailing Address 4700 TAMiami TRAIL NO. UNIT 6 NAPLES FL 34103-3059
---	--

3. Date Incorporated or Qualified 07/26/1994	3a. Date of Last Report 05/09/1996
4. FEI Number 52-1312944	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**BIGLANE, MICHAEL
4700 TAMiami TRAIL NO.
UNIT 6
NAPLES FL 33940**

10. Name and Address of New Registered Agent	
81. Name La Stella, Arlene E.	85. Zip Code FL 34103
82. Street Address (P.O. Box Number is Not Acceptable) 4700 Tamiami Tr., N.	
83. Unit Unit 6	
84. City Naples	

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 *Arlene E. La Stella*

(NOTE: Registered Agent signature required when reinstating)

DATE **4/29/97**

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUNN, CHRISTINA H	
STREET ADDRESS	880 KINGS RETREAT DR.	
CITY-ST-ZIP	DAVIDSONVILLE MD 21035	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BIGLANE, MICHAEL	
STREET ADDRESS	4700 TAMiami TRAIL NORTH UNIT 6	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	D	<input type="checkbox"/> DELETE
NAME	La Stella, Arlene E	
STREET ADDRESS	4700 Tamiami Tr., N. Unit 6	
CITY-ST-ZIP	Naples, FL 34103	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Arlene E. La Stella President

DATE **4/29/97** DAYTIME PHONE # **941 436-3866**

CR2E034 (9/96)