

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000079471 (5)**

1. Corporation Name

ALL FLORIDA TITLE GROUP OF LAKE COUNTY, INC.



Principal Place of Business

Mailing Address

1155 HEIDI COURT
DELAND FL 32720

1155 HEIDI COURT
DELAND FL 32720

3. Date Incorporated or Qualified
10/16/1995

3a. Date of Last Report
n/a

2. Principal Place of Business

2a. Mailing Address

21 **803 E. Fifth Avenue**

26

4. FEI Number
59-3352747

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State

City & State

23 **Mt. Dora, FL**

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

Zip

Country

Zip

Country

24 **32757**

25 **LAKE**

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KANE, STEVEN H
1900 SUMMIT TOWER BLV.
SUITE 800
ORLANDO FL 32810**

81 Name

ROSE C. KELLY

82

Street Address (P.O. Box Number is Not Acceptable)

1155 HEIDI COURT

83

84 City

DeLand

FL

85 Zip Code
32720

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: **ROSE C. KELLY**

Signature, typed or printed name of registered agent and title if applicable

(None for registered agent signature (see 607.1508 for restrictions))

DATE

4-18-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE Change Addition
12 NAME **P/T/ *pet* Kelly, Rose C.**
13 STREET ADDRESS **1155 Heidi Court**
14 CITY-ST-ZIP **DeLand, Florida 32720**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE Change Addition
22 NAME **V/S/ *pet* DALIK, Karina B.**
23 STREET ADDRESS **101 N. Hill Avenue, #12**
24 CITY-ST-ZIP **DeLand, FL 32724**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **ROSE C. KELLY, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rose C. Kelly

Date **3/29/96**

Daytime Phone # **904-774-9790**

CR2E034 (12/95)