

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 30 1997 8:00am
Secretary of State

DOCUMENT # P95000083154 (1)

1. Corporation Name

ALLIANCE ASSOCIATES TITLE AGENCY, INC.



Principal Place of Business

98 S.E. 6TH AVENUE
DELRAY BEACH FL 33483

Mailing Address

98 S.E. 6TH AVENUE
DELRAY BEACH FL 33483-5314

3. Date Incorporated or Qualified
10/25/1995

3a. Date of Last Report
07/03/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0621404

Applied For
Not Applicable

Suite, Apt. #, etc.

117 NE 5th Ave

Suite, Apt. #, etc.

117 NE 5th Ave

City & State

Delray Beach FL

City & State

Delray Beach FL

Zip

33483

Country

USA

Zip

33483

Country

USA

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

LASKEY, DAVID G
98 S.E. 6TH AVENUE
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81

Name

DAVID G LASKEY

82

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

117 NE 5th Ave

83

City

Delray Beach

FL

85

Zip Code

33483

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS LASKEY, DAVID G
CITY - ST - ZIP 98 S.E. 6TH AVENUE
DELRAY BEACH FL 33483

TITLE ☐ DELETE
NAME D
STREET ADDRESS LASKEY, JOHN A
CITY - ST - ZIP 616 MADISON AVENUE
TOLEDO OH 43604

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0330622

CR2E034 (9/96)