

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

**DOCUMENT # P95000092478 (3)**

1. Corporation Name

**PREMIER TITLE ASSOCIATES, INC.**



Principal Place of Business

Mailing Address

7025 NEW POST DRIVE  
SUITE 5  
FORT MYERS FL 33917

7025 NEW POST DRIVE  
SUITE 5  
FORT MYERS FL 33917

2. Principal Place of Business

2a. Mailing Address

21 8280 College Pkwy Ste 101  
Suite, Apt. #, etc.

21 8280 College Pkwy Ste 101  
Suite, Apt. #, etc.

22 Suite 101  
City & State

27 Suite 101  
City & State

23 Ft. Myers, FL

28 Ft. Myers, FL

24 Zip 33919

25 Country Lee

29 Zip 33919

30 Country Lee

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name **Sandra L. Litherland**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**7025 New Post Dr. #5**  
83  
84 City **Ft. Myers** FL 85 Zip Code **33917**

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

*Sandra L. Litherland*

**SANDRA L LITHERLAND**

**4/30/96**

Signature, typed or printed name of registered agent and the applicant

(Name of Registered Agent Signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PSTD</b>	<input type="checkbox"/> DELETE
NAME	<b>LITHERLAND, SANDRA L</b>	
STREET ADDRESS	<b>7025 NEW POST DRIVE, #5</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33917</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Sandra L. Litherland*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/96 (941) 437-2222**

CR2E034 (12/95)